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UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Wits School of Arts

Drama for Life

Masters Research Essay

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Research Topic:
Journeying Minds: Process Drama - an investigative research method used to gather and explore perceptions around Mental Health Challenges among Black students at the University of the Witwatersrand

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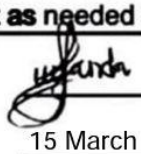
THE WITS SCHOOL OF ARTS

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Signed: 

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Chapter 1: Introduction:

1.1 The weight of what we think

Mental health challenges have reached a critical point in South Africa, especially within the university setting, where students are under immense pressure to balance academic demands, financial burdens, and personal responsibilities. Francis (2023) highlights the concerning statistics, noting that one in three individuals will likely encounter mental health issues, such as depression, anxiety, or substance abuse, during their lifetime. This issue is further compounded in South Africa, where, according to Morar et al. (2024), the country ranks second lowest in the Mental Health Quotient and has the highest percentage of individuals experiencing distress out of 64 countries. Such alarming trends indicate the urgent need for comprehensive mental health support, especially in higher education institutions. According to Ellof and Graham (2020), the demand for mental health services among university students far exceeds the resources available, leaving many students without adequate care (Ellof & Graham, 2020: 1).

Among Black African students, mental health challenges are compounded by socio-economic, cultural, and historical factors. Studies show that emerging young Black African individuals, particularly those with Western education, are more likely to seek mental health assistance (Lima-Smit, Nel & Setwaba, 2022: 401). However, perceptions of mental illness in these communities are often influenced by cultural beliefs and social practices, which can hinder open discussions and treatment (Lima-Smit, Nel & Setwaba, 2022: 404). In addition, these challenges are frequently framed through racialized lenses, as highlighted by Arday (2018), who argues that mental health struggles among ethnic minorities are rooted in societal discrimination and systemic inequalities (Arday, 2018: 20).

Process drama, an improvisational form of theatre, can be particularly useful in creating a participatory space where individuals explore complex issues, including mental health, in a creative and reflective manner. Globally, drama-based interventions, such as psychodrama and role-playing have been effective in "[addressing] mental health issues in both clinical and general populations" (Jiang, Alizadeh & Cui, 2023: 2). While process drama originates from the West, it allows different cultures to express themselves, unlike some research methods that limit indigenous people from presenting their true selves. Process drama, allows facilitators to integrate its methods with local conventions, values, and practices such as storytelling, song and community-centered debate, which are central to many African traditions. It further allows participants to use their own languages and expressions which ensures that cultural nuances are preserved.

Within the Applied Drama and Theatre framework, process drama, has proven effective in fostering empathy, creativity, and critical thinking (Schneider et al., 2006; O'Neill & Lambert, 1982). In the context of my research aims, it may allow participants to immerse themselves in roles and scenarios that reveal personal and societal perspectives on mental health, facilitating an environment for collective reflection and problem-solving (Dunn, 2016). According to Kandil (2016: 203), incorporating drama-

based methods in mental health interventions creates opportunities for students to share their experiences in a way that could be both healing and educational.

This study seeks to investigate the potential of process drama as a tool to enable participants to share stories that shape and reflect their potential of mental health challenges within a supportive and creative space, utilizing the containment and distancing inherent in the method to facilitate this exploration. Given the historical and cultural factors influencing these students' mental health, this research also aims to address the gap in mental health research by incorporating drama methods that are attuned to South African realities and healing practices.

Verulava and Jorbenadze (2022) emphasizes the importance of universities providing targeted support strategies that acknowledge students' mental and physical health needs to reduce stress and improve well-being (Verulava & Jorbenadze, 2022: 55). In this study, ten black Postgraduate Diploma in Arts (PGDA) students at the University of the Witwatersrand, were conveniently sampled as research participants. These students face unique challenges as they attempt to balance work and academic commitments, often leading to feelings of overwhelm and stress, which impact their mental health.

Thus, this study seeks to answer the central question: How can process drama be used to explore and express the perceptions of mental health challenges held by black students at the University of the Witwatersrand? Additionally, it will explore sub-questions that probe the role of Process Drama in facilitating student reflection on societal and cultural influences on mental health, and how their perceptions inform their understanding of available mental health resources at the university.

1.2 Breaking the chains of perception

Aims and objectives

The aim of this research is to explore how process drama can be used to examine and express the stories that shape and reflect the perceptions of 10 PGDA (Postgraduate Diploma in Arts) students regarding mental health challenges at the University of the Witwatersrand.

This aim is twofold. Firstly, as a mental health-focused study, the research seeks to uncover the intricate relationships between psychological factors, societal expectations, cultural stigma, and individual narratives surrounding mental health among Black PGDA students at Wits. By focusing on this cohort, the study aims to provide insight into how cultural and social perceptions in black communities influence mental health experiences and help-seeking behaviours.

Secondly, the study seeks to evaluate how process drama—with its participatory and reflective nature—can create a contained, non-judgmental space for students to share, unpack and reflect on, their perceptions of mental health - functioning as a research method. This approach encourages active engagement, allowing participants to express their thoughts and emotions creatively without fear of judgement. The immersive and experiential aspects of process drama facilitate deeper reflection and

understanding, helping participants to unpack their perceptions and experiences in a supportive environment. While healing may be a potential outcome, my focus is on the research aspect—examining how Process Drama serves as a tool for exploring and shaping students' perceptions of mental health. The goal of this research is to understand how process drama can help uncover Black PGDA students' perceptions of mental health, allowing for a nuanced exploration of the narratives that shape their understanding of it.

In this study, process drama will be used as the research method, with the workshops serving as a data collection tool. These workshops will not only contribute to future innovative mental health interventions and support structures tailored to the needs of Black South African students but also inform the development of context-specific and culturally relevant applied drama and theatre practices. To achieve this aim, two process drama workshops will be conducted, allowing participants to embody different roles, engage with mental health-related scenarios, and collaboratively reflect on shared experiences. Through this, the study hopes to investigate how process drama can act as an effective tool for gathering and unpacking mental health perceptions on challenges and distresses, and fostering dialogue in a South African university context.

1.3 Problem statement:

Mental health challenges among university students in South Africa are a growing concern. Statistics reveal that nearly one in four university students suffers from a mental health condition, with 50% experiencing some form of mental disorder during their academic journey (SADAG, 2024; Higher Health, n.d.). Despite this, only 15-25% of students seek help, as stigma and cultural perceptions often prevent them from accessing the support they need (Eapasa, 2023).

This issue is particularly pronounced among Black students, whose perceptions of mental illness are heavily shaped by cultural and communal beliefs, which frequently stigmatize mental health conditions and frame seeking help as a sign of weakness or failure (Lima-Smit, Nel, & Setwaba, 2022: 402). In many Black communities, mental health issues are misunderstood or associated with spiritual or moral failings, creating significant barriers to open dialogue and support. These perceptions and stigmas not only discourage individuals from seeking help but also contribute to feelings of isolation and shame, exacerbating mental health challenges.

Traditional mental health interventions, often grounded in Western models, fail to address the cultural nuances of these communities, leaving many students without relatable or accessible support systems (Moonsamy & Gurayah, 2024). The stigma surrounding mental illness further perpetuates a cycle of silence, with students hesitant to express vulnerability or seek help within academic settings where power dynamics often inhibit open communication (Lee et al., 2015: 48).

This research problematizes the ways stigma, cultural perceptions, and educational dynamics intersect to hinder Black students from addressing their mental health challenges. It aims to explore how process

drama, an interactive and participatory educational method, can provide a safe space for students to confront and express their perceptions of mental health. By using process drama to unpack these deeply ingrained stigmas, this study seeks to challenge cultural taboos, promote dialogue, and create pathways for emotional healing and support within educational contexts.

1.4 Rationale:

Research on mental health among university students is essential for improving understanding, awareness, and support systems that address emotional well-being and psychological challenges. While Applied Drama and Theatre does not aim to diagnose or treat mental health conditions, it serves as a powerful tool for exploration, expression, and fostering dialogue around mental health distress and challenges in safe and contained spaces.

During my Honours research, I examined how language and translation contribute to the stigmatisation of tertiary students living with mental health disorders in Johannesburg, South Africa. This study employed qualitative discourse analysis to explore how language shapes perceptions and understanding of mental health in Black communities. A key finding in this study was the persistent and significant stigma surrounding mental health challenges. It highlighted the urgent need for mental health terminology, including terms for depression, anxiety, and schizophrenia, to be accurately translated and described in African languages, to help reduce stigma and promote better understanding (Ngwenya, 2023:20). Additionally, the study highlighted the importance of creating platforms for students to unpack this stigma within university spaces and their home communities, allowing them to further explore and reflect on their perceptions of mental health.

Therefore building on my previous research, I aim to explore and examine the nuances of mental health perceptions, particularly among Black students, considering the sometimes conflicting influences of university spaces and their home communities. Through my academic journey and lived experiences, I have seen the critical role of mental health research in reducing stigma, promoting well-being, and shaping policies for more inclusive support systems.

In Setswana, there is an idiom: “Ngwana yo sa leleng o swela tharing”—translated, it means “A child who does not cry will die in silence.” In the context of this research, this proverb underscores the importance of awareness and acknowledgment of mental health challenges. If an individual does not recognize or articulate their struggles, they are unlikely to seek or receive help. Through the immersive and participatory nature of process drama, this study will create a contained and empathetic space to explore, understand, and express participant mental health perceptions through the gathering of their narratives without fear of judgment.

Despite increased attention to mental health post-pandemic, there remains a significant gap in mental health research in South Africa, particularly within the field of Applied Drama and Theatre (Hunt et al., 2023). Educational interventions addressing mental health often lack cultural sensitivity and relevance,

making them less effective for diverse student populations. Process drama, as an investigative tool, offers immense potential to bridge this gap by fostering emotional engagement, dialogue, and self-reflection.

While extensive literature exists on using art-based interventions for mental health, there is a lack of context-specific frameworks for how South African practitioners can effectively adapt and apply process drama methodologies to explore students' mental health challenges for data gathering purposes. This study will contribute to filling this gap by finding a culturally relevant approach to mental health interventions using process drama. This research represents a foundational step toward future studies and interventions in the field of mental health and Applied Drama and Theatre. Beginning with the gathering and analysis of perceptions and experiences is a critical first step, as it ensures that any subsequent interventions are tailored to address the unique cultural, social, and emotional contexts of Black university students in South Africa. By centering participants' voices and understanding their lived experiences, this study lays the groundwork for the development of more effective, culturally relevant mental health interventions.

Looking ahead, I envision building upon this research by returning to drama therapy and further developing a drama therapy framework that is culturally appropriate, accessible, and sensitive to the needs of Black students. Applied Drama and Theatre serve as the entry point for this exploration, providing valuable insights and methodologies that can be expanded upon within a drama therapy context. This progression will enable a holistic and culturally resonant approach to mental health support, bridging the gap between therapeutic intervention and culturally embedded storytelling and performance practices.

The findings from this research will benefit various parties:

1. Students and their Communities: Participants will gain awareness, self-reflection, and tools to look at mental health distresses and challenges within a safe, non-judgmental space.

2. Teachers and Lecturers: Educators will gain insights into perceptions of mental health challenges, enabling them to better understand and support students within academic environments.

3. Applied Drama and Theatre Practitioners: Practitioners will acquire context-specific tools for using process drama in mental health interventions, contributing to the development of uniquely South African approaches.

4. University Health Centers (e.g., Campus Health and the Counselling Careers and Development Unit - CCDU): These institutions will give insights into the needs of students, which could help centers understand how to design awareness campaigns based on the findings of this research.

This research aligns with my commitment to bridging the gap in accessible and culturally sensitive mental health support. It offers an opportunity to explore how process drama can be used not only as a

research method but also as a tool to facilitate open dialogue and gather authentic data about students' experiences. By integrating mental health interventions within my professional practice, this study aims to contribute to a more inclusive and empathetic academic environment. Ultimately, I hope to develop sustainable, contextually relevant strategies for capturing perceptions and stories, paving the way for future initiatives to address the mental health challenges faced by students in South African universities.

1.5 Research Question:

How can process drama be used as a research method to investigate and explore the perceptions of mental health challenges held by Black students at the University of the Witwatersrand?

Sub-questions:

1. How does process drama facilitate the exploration of Black students' perceptions of mental health challenges, and what metaphors or symbols emerge from their stories?

2. In what ways does process drama provide a space for students to reflect on and express societal or cultural influences on their perceptions of mental health?

3. How do students' perceptions of mental health challenges inform their understanding of mental health support and resources available at the university?

Chapter 2: Theoretical framework:

2.1 Introduction

Cultural-Historical Activity Theory (CHAT) and Bowell & Heap's Theory of Drama Context in Applied Drama and Theatre, from the lens of Process Drama.

This theoretical framework examines the use of process drama as a research tool for gathering and exploring stories and perceptions related to mental health among Black PGDA students at Wits University, within the South African educational context. By drawing on Cultural-Historical Activity Theory (CHAT) and Bowell and Heap's Theory of Drama Context, these two frameworks position process drama as a socially mediated and contextually grounded method for fostering dialogue, reflection, and, in the long run, transformative understanding. CHAT emphasizes the interconnectedness of individuals, cultural tools, and social environments, making it effective for examining how mental health experiences are shaped by broader social and historical contexts. Meanwhile, Bowell and Heap's Theory of Drama Context highlights the importance of dramatic framing and participant engagement, allowing process drama to create safe yet immersive spaces where personal narratives and collective experiences can be authentically expressed and critically explored. Within this dual framework, process drama not only facilitates the collection of honest and open data but also encourages participants to actively construct meaning through creative interaction and cultural reflection.

2.2 Cultural-Historical Activity Theory in Process Drama:

Vygotsky developed Cultural-Historical Activity Theory (CHAT), which was later expanded by Leontiev and Engeström, to provide a framework for understanding how cultural tools, social interactions, and historical settings influence human activity, cognition, and development. CHAT emphasizes that learning is a socially and culturally developed process that takes place within activity systems made up of interconnected elements like tools, subjects, rules, and shared goals (Engeström, 1987:78; Vygotsky, 1978:86). It highlights the value of cultural tools such as language and storytelling in cognitive and emotional development (Engeström, 1987).

This section will critically engage with the key components of Cultural-Historical Activity Theory (CHAT) and explore its interaction with process drama. It will draw parallels between the two, examining how CHAT's principles align with the participatory and socially mediated nature of process drama. Furthermore, this analysis will demonstrate how CHAT functions as a supporting framework for this study, offering a theoretical lens through which to understand the ways in which mental health narratives are constructed, shared, and examined within the workshop space.

The key components in this theory include:

Activity systems are the collective, goal-directed systems that enable human activity. They include humans (subjects), the instruments they employ (mediating artifacts), the norms that govern the activity,

the community engaged, and the division of labor. Mediation is the process by which cultural artifacts, symbols, and language influence human behavior. People do not act directly on the world; instead, they employ these instruments to facilitate their relationships and comprehension. CHAT perceives human action as dynamic and developing. It focuses on how activities evolve over time through learning, adaptation, and innovation. Social and cultural context: Activities are always embedded in larger social, historical, and cultural frameworks. These environments influence how activities are executed and perceived. Contradictions refer to tensions or conflicts within an activity system. They can result from misalignments between parts (such as rules and tools) and are frequently used to promote system change and transformation.

Firstly, this theory stresses that human actions are mediated by tools such as role-playing, scenarios, improvisation, and storytelling. These techniques enable participants to explore sensitive themes symbolically, creating emotional distance and reflective possibilities (Cole, 1996: 121). Secondly, process drama workshops function as activity systems, encompassing actors (participants and facilitator), tools (dramatic conventions), and shared goals (exploration of mental health perceptions). Within this system, participants collaboratively construct knowledge and reflect on emotional and social issues (Engeström, 1987: 78). CHAT provides the foundation for understanding how process drama mediates participants' engagement with themes around mental health distress and challenges through culturally sensitive tools, social interactions, and historical contexts.

Thirdly, drawing on Vygotsky's Zone of Proximal Development (ZPD), it demonstrates how learners can acquire higher levels of comprehension with assistance. Facilitators in process drama guide participants through an exploration of themes, enabling them to engage and reflect on complex emotional and cognitive topics such as mental health distress and challenges they might not explore or reflect on independently, creating the necessary spaces for reflection on mental health perceptions (Vygotsky, 1978: 86).

In the context of process drama, CHAT emphasizes the role of mediation in guiding participants to explore and reframe mental health distresses and challenges within a collaborative environment. Through this lens, process drama acts as an activity system where participants' engagement with dramatic tools and scenarios creates opportunities to gather perceptions unpacked and expressed.

2.3 Bowell and Heap's Theory of Drama Context:

Bowell and Heap (2013:24) theorise context by placing emphasis on the possibility to tap into an array of learning opportunities (and exploration) within the school environment, through the power of active imagination. It emphasizes the importance of the dramatic frame and fictional world in creating safe, structured environments for exploring sensitive themes. This theory will be supported by Schechner's performance theory which emphasizes the interplay between everyday life and performance, highlighting that performance encompasses rituals, social interactions, and theatrical practices. He

posits that "performances—of art, rituals, or ordinary life—are 'restored behaviors,' 'twice-behaved behaviors,' performed actions that people train for and rehearse" (Schechner, 1985, p. 36). This perspective underscores the fluid boundaries between daily activities and staged performances, illustrating how each informs and reflects the other. The key ideas in this theory include restored behavior in which actions are rehearsed and repeated, bridging real-life experiences with performed roles. Secondly, liminal spaces in which performance provides a safe space for exploring emotions, identities, and societal roles.

According to Bowell and Heap's Theory, the dramatic frame defines the distinction between fiction and reality, providing participants with the psychological safety they require to explore personal and collective narratives without fear of criticism (Bowell & Heap, 2013:24). Co-creating a fictitious universe allows individuals to interact with difficult topics like mental health distress and challenges while preserving emotional distance. This enables people to reflect on their own experiences metaphorically, promoting emotional insight as well as critical comprehension.

Facilitators guide participants in navigating the dramatic process, assuring containment of emotions and productive participation. They play an important role in establishing the dramatic context, allowing participants to fully immerse themselves while remaining grounded. Participants' belief and investment in the fictitious world are required for meaningful participation. This paradigm emphasizes the need for active participation in order to create transformative learning outcomes (Bowell & Heap, 2013: 43).

2.4 Integrating CHAT and Drama Context into Process Drama for Mental Health Research:

This theoretical framework integrates Cultural Historical Activity Theory (CHAT) and Bowell and Heap's Theory of Drama Context to demonstrate how process drama can be used as an investigative tool to gather and analyse mental health views in a collaborative, reflective, and culturally sensitive manner. Engeström (1987:134) defines CHAT as the mediating role of tools, symbols, and signs in human interaction, implying that dramatic devices serve as mediational means for shaping participants' emotional and cognitive engagement. This perspective emphasizes the notion that knowledge is co-constructed through collaborative activity systems in which social interactions and cultural tools overlap (Engeström, 1987:136).

Bowell and Heap (2001:16) expand on this by emphasizing the importance of the dramatic frame and fictional frame in which guarantees participant safety, meaningful participation, and emotional investment. They argue that process drama provides a 'safe distance,' allowing participants to investigate, through exploration, sensitive themes, like mental health, without direct personal exposure, fostering open discourse and empathic reflection (Bowell & Heap, 2001:19). This 'safe' yet immersive environment allows individuals to critically reflect and question their mental health preconceptions and prejudices in a collaborative, supportive setting. According to O'Toole (1992:58), the fictional frame allows participants to immerse themselves in roles and settings that parallel real-life experiences, acting

as a buffer against judgment and allowing for honest self-exploration. Furthermore, Neelands (2009:47) states that this distancing effect promotes a collective type of critical consciousness in which participants work together to deconstruct stigmatizing narratives and reconstruct inclusive, supportive discourse. This reflective process is aided by the collaborative nature of drama, in which each participant's voice contributes to a richer, more nuanced knowledge of mental health (Neelands, 2009:52).

By integrating these theoretical lenses, this framework provides a solid platform for using process drama to gather and explore mental health perceptions and that are frequently associated with it, particularly among black university students. Although these theoretical frameworks are not already integrated into one another, CHAT's emphasis on mediated activity and collaborative meaning-making complements Bowell and Heap's focus on fictional contexts as protective mechanisms, resulting in a dynamic framework for investigating how cultural narratives and personal experiences impact certain ways of perceiving certain topics - in this case mental health understandings. This synthesis not only validates process drama as a research instrument, but also as a transformative practice that connects critical thinking and compassionate participation.

2.5 Process Drama in the Context of Mental Health Research:

According to Nicholson (2005:45), process drama functions as a 'rehearsal for reality,' with participants using fictionalized situations to address real-world issues, allowing for emotional insight and cognitive re-evaluation. Heathcote (1991:56) goes on to say that drama, in itself, is an active, participatory form of inquiry in which symbolic representation allows for the investigation of complicated social and emotional events, giving participants a way to externalize their internal obstacles. Instead of employing process drama as a traditional teaching approach (Gill, 2012), this study repurposes it as an investigative and reflective tool, as detailed in the methodology section. For the purpose of this research, the dramatic framing and activity system within this method allow individuals to externalize, reflect on, and collaborate on their mental health perceptions.

As argued in the previous section, this study proposes process drama as an effective method for generating dialogue, emotional expression, and, in the long term, transformative learning in a way that is both contextually relevant and culturally sensitive. Taylor (2003:67) highlights that process drama promotes 'critical empathy,' in which participants participate emotionally while also critically reflecting on the social and cultural components of topics, challenging institutional prejudices and building inclusive narratives.

This approach emphasizes the power of process drama to gather and break down perceptions of mental health challenges in a supportive, collaborative, and creative setting, making it an important research tool. It recognizes the sociocultural implications on mental health beliefs by allowing participants to investigate how cultural narratives, traditions, and societal expectations form their perspective of mental

health. Participants address the ways in which structural inequalities, such as those based on race, class, and gender, affect mental well-being, giving a platform for criticizing and reimagining these impacts. Furthermore, process drama encourages participants to connect their personal experiences with larger societal realities, allowing for a better understanding of the perceptions they hold around mental health are linked to their cultural and community surroundings.

Chapter 3: Literature review:

Introduction:

This literature review looks at the interaction between process drama and mental health beliefs in South Africa, with a focus on Black university students. The review looks at how process drama, a participatory theatre approach that uses improvisation and role-playing, might be repurposed as a reflective and investigative tool for exploring complex social concerns like mental health (O'Toole, 1992; Neelands & Goode, 2015). Process drama provides a framework for experiential learning, emotional engagement, and collaborative investigation, allowing participants to negotiate delicate issues while reflecting on their own experiences and challenging cultural views.

The first section investigates mental health perspectives in South Africa, focusing on the cultural, social, and historical aspects that influence how mental health is perceived and addressed in Black communities (Lund et al., 2010; Petersen et al., 2012). The second section examines process drama, emphasizing its theoretical and practical roots, specifically its potential to engage people in examining abstract issues such as mental health using symbolic and dramatic forms. The final section discusses the use of process drama as a methodological tool for gathering and unpacking these perspectives in educational contexts, emphasizing its ability to promote debate, critical thought, and emotional awareness.

3.1 Mental Health perceptions and the influence of culture:

Mental health disorders are a growing concern among university students in South Africa, with research indicating alarmingly high prevalence rates. The South African Depression and Anxiety Group (SADAG) reports that one in four students suffers from a mental health condition (TimesLIVE, 2024), while Higher Health states that nearly 50% of university students experience some form of mental disorder (Higher Health, n.d.). The high incidence of mental health conditions among university students is influenced by multiple factors, including academic pressures, financial constraints, social stressors, and limited access to psychological support (Bantjes et al., 2023: 7). Despite these challenges, Black African students' perceptions of mental health are shaped by cultural beliefs and social practices, which can affect their willingness to seek professional psychological care. Lima-Smit, Nel, and Setwaba (2022: 404) argue that mental health perceptions in Black communities are influenced not only by biopsychosocial factors but also by knowledge systems and traditions inherited from their communities of origin.

Similarly, Moonsamy (2024: 35) emphasizes that South Africa's diverse cultural landscape, blending indigenous African, Western, and Eastern traditions, contributes to varied understandings of mental health. In many rural areas, mental illness is often viewed through a spiritual or supernatural lens, leading to increased reliance on faith-based and traditional healing practices (Swartz, 1998; Makanya, 2021: 196). As a result, people may hesitate to seek professional psychological assistance, reinforcing mental health stigma and limiting access to formal treatment options (Anjorin & Hassan Wada, 2022). This reluctance is exacerbated by the stigma surrounding mental illness, which presents a significant

barrier to care in South Africa. Hugo et al. (2003) and Ramugondo et al. (2017) highlight how public stigma often contributes to self-stigma, where individuals internalize negative societal attitudes, making them reluctant to seek help. Furthermore, Bhana and Petersen (2012) note that while stigma is prevalent across all demographics, its expression differs in urban and rural settings.

In urban areas, mental health stigma often manifests through social alienation, as individuals fear being labeled as mentally unstable, whereas in rural communities, mental illness is frequently attributed to spiritual causes, resulting in misdiagnosis or avoidance of psychological care (Mokwena & Shumba, 2021: 98; Sorsdahl et al., 2010). Additionally, the academic environment in South Africa often prioritizes academic achievement at the expense of students' mental well-being. Julius, Putteeraj and Somanah (2024) argues that the South African education system's strong emphasis on performance-based success exacerbates stress, anxiety, and depression among university students. Pillay (2018: 12) further explains that students often prioritize academic success over mental health, leading to burnout and psychological distress. Despite these challenges, universities frequently lack adequate student support services, creating a gap between the demand for mental health care and its availability (Bantjes et al., 2023: 9). The intersection of race and mental health further compounds these issues, particularly for Black African students, whose mental health struggles are often shaped by systemic inequalities and institutional racism.

Arday (2018: 20) highlights that mental health experiences in Black student communities are frequently framed within racist undertones, with many students experiencing micro aggressions, exclusion, and discrimination in academic spaces. These structural inequalities, combined with language barriers and financial insecurity, contribute to the mental health challenges faced by Black university students in South Africa (Harriman et al., 2022: 850; Ramugondo et al., 2017: 115). Collectively, these factors illustrate that mental health challenges in South African higher education are complex and multifaceted. Barriers such as cultural stigma, limited institutional support, and systemic discrimination continue to hinder effective intervention and treatment. Addressing these concerns requires holistic, culturally responsive mental health policies that prioritize students' well-being alongside academic success (Pillay, 2018: 19).

Process drama serves as a powerful methodological tool for exploring and expressing mental health perspectives in South African educational settings. It provides a dynamic space where participants can engage with complex issues such as stigma, cultural perceptions, misinformation, and socioeconomic barriers. By immersing themselves in role-play and dramatic scenarios, participants are encouraged to reflect on and share their personal experiences with mental health, fostering deeper understanding and promoting open dialogue on a topic often silenced by societal norms (Conner et al., 2023; Vegt et al., 2024). This imaginative and contained environment enables facilitators to guide discussions that might otherwise be difficult to initiate in traditional classroom or therapeutic settings. The ability of process

drama to make abstract or sensitive topics tangible allows participants to navigate mental health issues in a way that feels safe yet thought-provoking, ultimately challenging harmful stereotypes and encouraging empathy among peers.

Beyond its exploratory function, storytelling within process drama can also serve as a methodological approach for collecting qualitative data on mental health perceptions. Conner et al. (2023) highlight how narratives created in process drama provide rich, experiential insights into participants' lived realities, often revealing nuances that structured interviews or surveys might overlook. The episodic nature of process drama allows themes to unfold gradually, reflecting participants' evolving attitudes, fears, and aspirations regarding mental health (O'Neill, 1995: 48). This aligns with the principles of narrative inquiry, where storytelling is used to capture personal and communal experiences, offering a deeper understanding of how mental health challenges are perceived and discussed within different contexts such as social and cultural contexts.

Furthermore, storytelling in process drama closely aligns with ethnographic research methodologies by positioning participants as co-researchers in the meaning-making process. Vegt et al. (2024) argue that process drama facilitates collaborative engagement, where students actively construct and deconstruct their understandings of mental health rather than passively responding to predefined research questions. This participatory approach allows researchers to identify patterns, contradictions, and emerging themes within participants' narratives, offering a more holistic representation of mental health perceptions in South African communities. Wang (2017: 19) supports this view, suggesting that the iterative process of storytelling and reflection in process drama deepens inquiry, ensuring that participants' perspectives are not only expressed but also critically examined. Given the historical and cultural complexities surrounding mental health discourse in South Africa, integrating process drama into research and educational settings can provide a transformative approach to mental health education, bridging the gap between theoretical knowledge and lived experience.

3.2 Process Drama:

Process drama is a form of drama education in which participants explore themes, ideas, and issues through improvised drama. It involves a number of dramatic methods and theatrical approaches, and it has a readily apparent feature: episodic. (O'Neill, 1995: 48). The aspect of process drama that I will be focusing on is its episodic structure, which Wang (2017: 18) argues could provide multiple ways of looking and understanding a diverse and complex event. According to O' Neill (1995: xvi), Process drama's episodic structure allows for progressive exploration of complex dramatic worlds, which can subsequently be unpacked, developed and elaborated.

Understanding the components of process drama is crucial for me as both a researcher and facilitator, as it underscores the need to address the research questions effectively. While uncovering mental health perceptions, it's essential to ensure participants are genuinely engaging with and exploring their

viewpoints rather than merely responding to prompts, reflecting Odhiambo's (2005) concept of the practice's ethos and purpose. Each process drama episode offers a unique viewpoint and employs several theatrical tactics. These techniques include role play, dramatic norms, writing literacy, narration, and story composition (Wang, 2017: 19; Gill, 2012: 1301). For the purpose of this research, I am interested in the narration and story composition aspects as they are at the crux of this research.

O'Neill (1995) and Neelands & Goode (2000) articulate how narration is used to inform the structure of the process drama, providing guidance and context for the participants and furthermore evoking emotional investment to the drama. O'Neill (1995) further argues how the flexible structure in process drama allows for participants to lead their own process, making it participant-led and collaborative. Neelands and Goode (2000) further argue how story composition goes hand in hand with narration in providing direction for the drama. When executed carefully, story composition and narration in process drama allow for an enhanced experience of the learning, providing an opportunity for "investigation and reflection" (Bowell & Heap, 2013: 3; Edmiston; 2014: 16, 19). It is clear that within its episodes and methods, process drama has the potential to serve as a platform for exploring cultural themes and perspectives, promoting cross-cultural understanding and empathy (O' Neill and Lambert, 1982:11; Schneider, et al., 2006; Anthony, 2013: 54).

In his article, Wang (2017) unpacks the processes and techniques of process drama by stating that a process drama workshop involves several dramatic scenarios and strategies. He emphasizes the need for process drama to pose a debatable question (Wang, 2017: 19). Each episode of process drama has a relatively autonomous central perspective; it also incorporates various theatrical tactics, such as dramatic conventions, role play, writing literacy, narrating, story composition, and so on. It is designed so that people take on many roles rather than just one character during the drama. According to Landy and Montgomery (2012: 19), this framework encourages participants to explore different points of view, encouraging for the different perspectives to be explored. Participants could acquire well-developed and richer knowledge from those diverse perspectives, as well as investigate holistic perception, as a profound comprehension requires (Wang, 2017:19). This speaks back to my research which focuses on unpacking and perhaps exploring the different perspectives black students might have on mental health.

The processes and characteristics of process drama:

Process drama engages participants by immersing them in roles and improvisational scenarios, allowing them to explore different perspectives and respond spontaneously. This deepens engagement with the subject matter and enhances creativity, as participants actively construct meaning rather than passively receive information (Neelands & Goode, 2015; O'Toole, 1992). The facilitator, rather than acting as an authoritative figure, often adopts a role within the drama, guiding the process from within. This blurring of traditional teacher-learner boundaries fosters a collaborative and immersive learning experience, where knowledge is co-constructed rather than simply transmitted (Wagner, 1999). By positioning

participants as experts within the dramatic context, process drama empowers learners to make decisions, problem-solve, and take responsibility for the unfolding narrative. This technique places authority in the hands of learners, reinforcing their agency and critical thinking skills (Heathcote & Bolton, 1995).

An essential feature of process drama is the deliberate creation of tension and conflict, which propels the drama forward and stimulates both emotional and intellectual engagement (Bowell & Heap, 2001). The complexity of these dramatic situations encourages participants to think critically, negotiate meaning, and explore multiple viewpoints. Beyond the dramatic action, structured reflection plays a crucial role in consolidating learning. After engaging in the drama, participants discuss their experiences, analyse the themes explored, and connect them to real-world contexts. This reflection process not only reinforces learning but also encourages self-awareness and a deeper understanding of societal issues (Neelands, 2009). Furthermore, process drama is inherently collaborative, requiring participants to co-create narratives, make collective decisions, and solve problems together. This interactive process fosters a strong sense of community, shared responsibility, and collective meaning-making (O'Toole, 1992).

3.3 Fixed stories or fluid journeys? The drama divide or dual faces of process drama

As previously stated, process drama is a flexible and interactive theatrical form in which participants engage in role-playing, improvisation, and dramatic exploration without the use of a script. There are two fundamental approaches to process drama: linear process drama and process-oriented process drama. Both methods are useful in educational and applied settings, but they differ in structure, aims, and participant engagement.

Linear Process Drama:

Linear process drama is characterized by a systematic, sequential succession of events or themes, which often resembles a story or plot. This method concentrates on guiding participants through a pre-planned series of dramatic actions, with a distinct beginning, middle, and end (O'Toole, 1992: 34). It is widely employed in educational contexts where the goal is to learn about specific topic, improve comprehension, or teach certain concepts.

Linear process drama follows a pre-planned sequence, with actions designed in a logical order to meet specified learning objectives. This structured technique frequently focuses on a story-driven narrative, which participants create and explore through role-playing. The development of the drama is facilitator-led, with the facilitator steering the activities and ensuring that participants interact meaningfully with the desired themes and learning objectives. This mix of structure, narrative focus, and facilitator supervision makes linear process drama extremely effective for attaining specific instructional objectives.

Linear process drama provides various benefits, especially in controlled educational settings. One major advantage is the clarity of objectives, which is extremely useful when particular learning outcomes are

desired. For example, immersive participation might assist people grasp historical events or cope with moral dilemmas (Bowell & Heap, 2013:45). Furthermore, its structured nature provides clear instruction for participants, particularly those who are new to drama or unfamiliar with the issue under consideration. This helps participants stay focused and confident throughout the procedure. Another advantage is its engagement with story, since the unified and frequently engaging narrative acts as a motivator, enabling participants to delve deeper into roles and circumstances (Neelands, 2000: 91).

Despite its positive attributes, linear process drama has certain constraints. One important disadvantage is its limited adaptability, as the predetermined structure can impede spontaneous inquiry or fluctuations in participant interest. This rigidity may impede the development of innovative concepts resulting from participant-driven contributions. Furthermore, this strategy is heavily reliant on the facilitator, which presents a significant obstacle. The facilitator must maintain the flow, engagement, and connection to the intended topics, which can be challenging and limit the participants' autonomy (O'Toole, 1992: 38). These limits underscore the importance of careful planning and facilitation in ensuring that linear process drama remains effective while dealing with its inherent constraints.

Process-oriented process drama:

Process-oriented process drama values the creative and reflective journey over a predetermined story or outcome. This method allows participants to shape the drama as a collective, emphasizing the ability to explore, think critically, and engage on an emotional level rather than a linear progression (Dunn, 2016: 22). It is widely utilized in applied drama and theatre to address complex societal or personal issues.

This approach has a more flexible structure yet it is organized into episodes. The episodic form of warm-up, pretext, belief-building, drama, de-roling, and reflection has received substantial attention in applied drama literature, particularly by O'Neill and O'Toole. According to O'Neill (1995:12), the warm-up helps participants prepare physically, emotionally, and psychologically for the drama. It promotes group cohesion, creativity, and focus. This stage is critical for developing trust and preparing for the session. The pretext, according to O' Neill (1995: 17-22), serves as the catalyst or starting point for the drama. It introduces the topic, circumstance, or problem that the participants will explore. A powerful pretext stimulates interest and sets the scene for deeper engagement. According to O'Toole (1992: 56), the building belief stage fosters a common understanding of the fictitious universe. Participants immerse themselves in the drama by developing believable characters, relationships, and circumstances. This step guarantees that participants suspend disbelief and interact authentically. The drama episode, which is central to the structure, involves participants actively engaged in role-playing, improvisation, or other dramatic techniques. It enables them to explore conflicts, concepts, and emotions inside the safe boundaries of the fictional narrative (O'Neill, 1995: 30–36).

De-roling ensures that participants can securely transition from their roles, distinguishing the fictional and reality. This process is essential for emotional well-being, especially when the drama contains intense themes (O'Toole, 1992: 62). O' Neill (1995: 40 – 44) ends the episodes off by emphasizing that reflection helps participants to assess their experiences in the world of the drama, then relate them to real-world concerns, and explain their insights. This stage is vital for accumulating knowledge and developing critical thinking. Process-oriented process drama, as previously stated is distinguished by its flexible framework, which allows actions and themes to change dynamically in response to participant input and engagement. This adaptability guarantees that the drama stays relevant to the interests and needs of participants involved, resulting in an organic and fluid experience. It is intrinsically participant-driven, with participants actively directing the drama's path. This co-construction generates a sense of collaboration and empowerment since participants actively contribute to the narrative and thematic development rather than just following directions. Furthermore, the approach prioritizes the process of discovery over the development of a polished or full narrative.

It provides several advantages. One of its most notable strengths is its emphasis on spontaneity and ownership. Participants feel empowered to direct the drama, which increases their engagement and connection to the subject (Neelands & Goode, 2000:76). This interactive method instills a sense of ownership and participation, making the experience more meaningful. Another significant advantage of this approach is its adaptability, as the open-ended structure allows facilitators to respond to participants' evolving needs and interests in real time. This ensures that the drama is relevant and stimulating throughout. Furthermore, process-oriented drama promotes critical reflection by allowing people to reflect and engage in discourse about complex or sensitive themes (O'Neill & Lambert, 1982:12).

Despite its numerous advantages, process-oriented process drama also has its own disadvantages. Its ambiguity can be challenging, particularly for participants who are unfamiliar with the approach's open-endedness. The lack of a definite structure may cause confusion or disengagement if participants are unsure of their roles or the drama's direction. Furthermore, the approach necessitates a high level of competence from the facilitator, as facilitation issues frequently develop. Facilitators must be skilled at balancing participant contributions, ensuring coherence, and staying focused on the intended topics without stifling creativity (Dunn, 2016: 25). These challenges highlight the importance of rigorous facilitation and participant preparation in realizing the full potential of process-oriented drama.

3.4 Storytelling in Process Drama as a Tool for Exploring Mental Health Perceptions

Storytelling in process drama serves as a fundamental technique for participants to express their perceptions, beliefs, and lived experiences regarding mental health. Given its inherently participatory and narrative-driven structure, process drama allows for the construction of personal and collective narratives, fostering a deeper engagement with the subject matter (Neelands & Goode, 2015: 42). This section expands on how storytelling, particularly through narration and story composition, provides a

mechanism for participants to articulate, negotiate, and reflect on their perceptions of mental health within the research context.

Narration as a Means of Reflection and Exploration

Narration in process drama serves both structural and reflective functions, offering a framework that guides participants through the unfolding drama while also allowing space for introspection. According to O'Neill (1995: 29), narration provides continuity and context, ensuring that participants remain engaged while simultaneously reflecting on their experiences. In the context of this research, narration becomes a vital tool for Black university students to articulate their understandings of mental health, enabling them to externalize internal thoughts and engage in collective meaning-making. By verbalizing their perspectives, participants not only express their personal experiences but also examine how societal factors—such as cultural beliefs and social stigmas—shape their mental health perceptions.

Beyond its structural role, narration fosters emotional investment by positioning participants as active agents in the storytelling process rather than passive observers (Bowell & Heap, 2013: 47). This active engagement encourages participants to co-construct narratives, negotiating their personal beliefs in relation to those of others. In doing so, they create a space where cultural, historical, and social influences on mental health can be explored in a non-threatening and supportive environment (Wang, 2017: 21). This aligns with the research objective of unpacking the diverse ways in which mental health is perceived and experienced by black students, offering insights into how their lived experiences interact with broader societal narratives.

Story Composition and Perspective-Taking in Mental Health Discourse

Story composition in process drama enables participants to experiment with multiple perspectives by adopting different roles within the narrative. This is particularly significant in discussions of mental health, as it allows participants to step into various lived experiences and develop a more holistic understanding of the challenges faced by different individuals. Landy and Montgomery (2012: 19) assert that multi-role engagement in process drama deepens participants' ability to analyze and reflect on diverse viewpoints. For instance, a participant may embody both someone experiencing a mental health crisis and a societal figure responding to it, such as a family member, educator, or healthcare professional. This shifting between roles fosters empathy and broadens awareness of how mental health is perceived and addressed within different social contexts.

Furthermore, storytelling in process drama does not require rigid adherence to factual retellings; instead, it allows for symbolic representation of complex emotions and societal tensions. This flexibility enables participants to explore sensitive topics without fear of personal exposure. Edmiston (2014: 16) highlights that imaginative storytelling within process drama creates a safe space where participants can navigate difficult discussions with a degree of detachment, facilitating honest engagement without the immediate fear of judgment. For Black university students, whose mental health experiences are

often influenced by socio-cultural expectations and pressures (Lima-Smit, Nel & Setwaba, 2022: 404), this approach is particularly valuable. It not only provides an avenue for self-expression but also encourages critical reflection on internalized stigmas, allowing participants to question, challenge, and reshape prevailing narratives about mental health. In doing so, process drama becomes a transformative tool, empowering students to actively engage with and redefine their mental health realities.

Conclusion:

To fully leverage the potential of process drama in educational contexts, it is essential to address systemic challenges that hinder its effectiveness. Research highlights key obstacles such as inadequate resources, entrenched cultural perceptions that reinforce mental health stigma, and the general reluctance to seek professional help (Petersen & Lund, 2011). These barriers create a climate in which mental health discussions are often neglected or approached with hesitation. However, process drama provides a participatory framework that actively challenges these issues by fostering dialogue, critical reflection, and collective knowledge-building. By engaging participants in embodied storytelling and role-play, process drama enables them to interrogate and reshape dominant narratives about mental health. Furthermore, its flexibility allows facilitators to adapt the approach to suit the unique socio-cultural and institutional contexts of their participants, ensuring relevance and accessibility.

Beyond its function as a pedagogical tool, storytelling in process drama also serves as an investigative and methodological approach for examining mental health perceptions among Black university students in South Africa. Narration facilitates reflective meaning-making, allowing students to externalize their thoughts and examine how cultural and societal influences shape their understanding of mental health. Meanwhile, story composition encourages participants to engage with multiple perspectives, deepening their insight into how stigma and social expectations affect mental well-being. As a research method, process drama provides an innovative means of gathering nuanced qualitative data that might not emerge in conventional academic inquiries. By co-constructing narratives within a dramatic framework, participants reveal lived experiences, fears, and aspirations in ways that contribute to a more comprehensive understanding of mental health challenges in South African universities.

Positioning process drama as both an exploratory and data-gathering tool, this study underscores its potential to contribute to the development of more inclusive and supportive educational environments. By integrating storytelling within process drama, this research fosters a space where Black university students can critically engage with mental health discourses, challenge internalized stigmas, and collaboratively generate new understandings. Ultimately, this approach emphasizes the necessity of creating sustained, contextually relevant conversations about mental health—conversations that recognize, validate, and respond to the lived realities of students in South Africa's higher education system.

Chapter 4: Methodology:

4.1 Process Drama as an Investigative and Reflective tool: Turning scripts into questions and roles into revelations – process drama as a tool for inquiry:

Process drama has traditionally been employed as a teaching and learning strategy to foster creativity, critical thinking, and collaboration in educational settings (Gill, 2012: 58). It focuses on using dramatic structures and conventions, such as role-play and improvisation, to explore themes and build knowledge. However, this research seeks to repurpose process drama beyond its conventional use in education, employing it as a methodological tool for investigation and reflection.

4.1.1. Pedagogy to Inquiry

This study takes a more exploratory and participant-centered approach, even though process drama is frequently utilized to teach subject matter and life skills. Here, process drama is used to explore perspectives and stories, as well as to stimulate reflection and conversation, rather than directing participants toward pre-established learning objectives.

Participants make use of drama to unpack their personal perspectives and narratives regarding mental health challenges through the investigation of perceptions and stories. This is followed by reflection and dialogue, where the dramatic process provides a space for participants to express and critically analyze their opinions and thoughts in collaboration with others. This shift is consistent with O'Neill and Lambert's (1995: 11) emphasis on process drama as a tool for negotiating meaning rather than presenting fixed teachings, making it a great medium for uncovering delicate and complex themes such as mental health.

4.1.2. Drama as a Container for Reflection

According to Bowell and Heap (2013:35), process drama fosters a fictional but emotionally 'safe' setting in which participants can discuss tough topics without fear of being criticized. This study use process drama as a container to foster emotional distance and reflexivity. Emotional distance is created by allowing participants to connect with mental health subjects symbolically through role-playing, metaphor, and fictitious circumstances rather than directly confronting their real experiences. Boal (1995:44) refers to this as the "aesthetic space," in which participants exist both inside and outside of the dramatic universe, establishing a comfortable distance between themselves and the delicate subjects they are investigating. This distance enables participants to approach their perceptions on mental health challenges in a more thought out, less vulnerable manner, allowing them to critically evaluate without feeling exposed.

Reflexivity, on the other hand, is fostered by the constant transition between immersion in the drama and critical detachment. Heathcote (1991:78) refers to this process as "learning in role," in which individuals actively engage with fictional events while also assessing their own thoughts, feelings, and societal influences. This dual perspective encourages people to connect their individual views on

mental health to larger social and cultural settings, thereby increasing self-awareness and empathy. Furthermore, Nicholson (2005:65) underlines the necessity of debriefing and group reflection following dramatic engagement, since this stage allows participants to verbalize their findings and connect them to real-life experiences.

In this study, process drama serves as a dynamic tool for participants to externalize their mental health beliefs by using fiction to disclose hidden biases, face potential stigmas, and reimagine mental well-being in a supportive and collaborative environment. This technique not only encourages emotional expression, but it also provides participants with critical lenses for examining the complicated, culturally ingrained nature of perceptions around mental health challenges.

4.1.3. Investigative Function of Process Drama

Neelands and Goode (2000:76) support that process drama can serve as a research tool by allowing participants to act out, analyze, and negotiate social relations and personal experiences. This study used the investigative function of process drama to reveal participants' perceptions of mental health challenges by immersing them in roles and circumstances that are reflective of real-life events. According to Taylor (2003:52), the dramatic framing allows participants to indirectly examine sensitive themes, establishing a safe but thought-provoking environment in which they can voice their views without feeling personally exposed. By assuming fictitious roles, participants externalized their internal thoughts and feelings regarding the perceptions they held around mental health challenges, allowing me as the researcher to observe how these viewpoints are influenced by their socio-cultural environments.

The purpose of using process drama in this study was not to directly address or eradicate mental health stigmas, but to provide a platform for participants' unfiltered views and preconceived notions to emerge through dramatic interaction. According to O'Connor (2009:120), process drama produces a "dialogic space" in which individuals critically interact with issues of society, and while the main objective was not stigma elimination, the collaborative and reflective character of these workshops frequently prompted deeper analysis. This means that, while the research focused on collecting perceptions, the dramatic procedure may have inadvertently encourage participants to reconsider the stigmas buried in their stories.

The process unfolds as participants negotiate meaning together during intense interactions, allowing for shared reflection. Nicholson (2005:68) highlights that dramatic interaction frequently results in spontaneous discourse and co-construction of knowledge, even when these outcomes are not explicitly planned. In the context of this study, as participants constructed and responded to mental health-related scenarios, they invariably added their personal and cultural perspectives into the space. This collaborative exploration generated casual discussions regarding mental health stigmas, resulting in an organic, participant-led exploration of some social biases. The impact of this process drama approach

was that, while the research did not expressly aim to increase collective empathy or communal understanding, these effects may emerge as natural byproducts of the collaborative dramatic experience.

4.1.4. Reflective Practice and Transformation

Although this research does not explicitly aim to facilitate personal and collective growth, it acknowledges the potential for such outcomes. Dunn (2016: 22) emphasizes that process drama encourages participants to think critically about their own contexts and experiences, making it a powerful tool for reflection and transformation. While not the primary intention, the reflective dimension of this study may naturally provide participants with opportunities to re-examine their mental health perceptions, promote self-awareness and empathy, and, in some cases, lead to unanticipated shifts in understanding that contribute to both personal and collective growth.

In conclusion, while this study acknowledges the possibility of further outcomes such as challenging stigmas, fostering collective understanding, and facilitating personal and collective growth, its primary objective remains unchanged: to collect and unpack perceptions of mental health among Black PGDA students at the University of the Witwatersrand. This study uses process drama as a reflective and investigative method to provide participants with a creative and contained environment in which to explore their perspectives and stories. While shifts in self-awareness, empathy, or societal understanding may occur spontaneously, these results are not the objective of this study, but they could serve as a platform for future research. As stated in the rationale, future research can use these findings to investigate approaches to address stigma, increase collective understanding, and even devise culturally relevant interventions suited to the needs of Black university students.

4.2 Research paradigm:

Practice as Research (PaR) is a novel methodological approach that views creative practice as both a mode of inquiry and a tool of knowledge production (Shrag; 2019). PaR, which has its roots in the arts and humanities, stresses the interaction of theory and practice, with the practitioner-researcher actively participating in the creative process to develop insights that would otherwise be unavailable through traditional research methods (Skains; 2018). According to Nelson (2013: 37), PaR challenges traditional academic boundaries by recognizing the importance of practice in developing, embodying, and distributing knowledge. Through my study on PaR, I've discovered that it is particularly well-suited to investigating complicated and intangible phenomena, such as perceptions and stories on mental health distress or challenges, because it allows researchers to engage participants in experiential, embodied, and reflective activities.

Haseman (2006: 102) describes PaR as a "performative paradigm," where practice itself functions as the primary site of inquiry, leading to new understandings that are deeply rooted in the creative act. In this research, PaR enables process drama to be a methodological tool used to gather stories and perceptions related to mental health. These practices create a participatory, culturally resonant

framework, providing participants with the safety and containment of a fictionalized environment while fostering meaningful engagement with the research topic. According to Leavy (2015: 225), arts-based methods like PaR are particularly powerful for addressing sensitive topics, as they promote empathy, connection, and a deeper understanding of lived experiences through creative expression.

Although ABR and PaR are often used interchangeably, PaR will allow me to take on the role of artist-researcher when generating knowledge through practice. It is through actively doing, observing and reflecting that I will be able to gain the insight needed for this research. By grounding the research in PaR, this study not only seeks to gather participants' perceptions but also contributes to the field by showcasing the potential of practice-led methodologies to address such themes.

4.3 Research Design

4.3.1 Sampling

This study makes use of purposeful sampling within a convenience sampling framework and focuses on a group of Black Postgraduate Diploma in Arts (PGDA) students at the University of the Witwatersrand in Johannesburg, South Africa. The research focuses on understanding the perceptions of PGDA students as incoming students who come from a background outside of the general flow through the university, having not gone through the undergraduate structure at this institution. Purposeful sampling is the intentional selection of participants who are likely to give rich, relevant, and diverse data about the research topic (Palinkas et al., 2015: 533). In this study, PGDA students were selected due to their accessibility and unique position as students navigating academic and work life. However, the focus of this study is not on PGDA students as a single case study, but on the broader phenomenon of mental health perceptions and challenges. Thus, the participants are a sample rather than the focus of the study.

Convenience sampling:

Convenience sampling is the selection of participants based on their accessibility and proximity to the researcher, making it a useful method for exploratory inquiries (Etikan, 2016: 2). This strategy allows the researcher to collect data efficiently while adhering to time, geographical, and resource constraints. The PGDA students were chosen because they are easily accessible inside the Drama for Life program, with whom the researcher has an established connection. This accessibility made it easier to recruit participants and plan logistics for the workshops.

In addition to this, these students lack prior undergraduate tertiary education, where foundational skills for higher education - such as essay writing and other academic fundamentals—are typically developed. Instead, they are required to acquire these skills during their PGDA year, which is a postgraduate program. Unlike an undergraduate program, a postgraduate program assumes that students have already mastered these fundamentals, making it even more challenging for those who have not had the opportunity to build this foundation. This combined with the realities of being an older student who is

also trying to juggle being a student and also working, adds an additional layer to the data. This places them at a clear disadvantage compared to students who have undergone undergraduate education.

While convenience sampling has disadvantages, such as potential representational biases, its use in this study is reduced by the sample's wide demographic composition. The PGDA cohort includes students of various ages, cultural backgrounds, languages, and socioeconomic backgrounds, providing a diverse set of perspectives on mental health. According to Creswell & Creswell (2018: 189), diversity within a sample can improve the depth and breadth of qualitative research findings, even when convenience sampling is used.

Purposeful Sampling:

Although convenience sampling is the main method, this study includes components of purposeful sampling to guarantee that participation corresponds with the research aims. The selection of Black students underscores the study's emphasis on studying mental health attitudes among historically oppressed and underrepresented communities in South Africa. The study hoped to get new insights into mental health perceptions and cultural stigmas by focusing on individuals from a demographic that is disproportionately affected by socioeconomic and systemic issues. This deliberate component deepens the research by choosing individuals who are more likely to contribute useful data. According to Patton (2015: 276), purposeful sampling is an effective approach that increases the relevance of qualitative inquiries by focusing on persons whose experiences are directly related to the research topic in question.

4.3.2 Data Collection

The primary data collection approach for this study was two, 2 hour, process drama sessions in the form of a workshop in which I directed activities aimed to investigate how participant's experiences have shaped their perceptions of mental health difficulties. These workshops provided participatory and reflective spaces for Black PGDA students at Wits University to engage in creative exploration and debate.

Workshop Structure

I designed the workshops in an iterative and flexible manner, with revisions dependent on participant involvement and feedback. Each session included process drama episodes and drama activities such as storytelling, tableaux, thought-tracking and collaborative discussions to strike a balance between dramatic exploration and reflective dialogue. The workshops were designed to provide a safe, contained environment in which participants may share and explore their thoughts and emotions around mental health. The workshop sessions focused on process-oriented theater, with an emphasis on participant-driven inquiry and co-construction of meaning. Role-playing, improvisation, and story development were used to actively engage participants in generating and reflecting on scenarios that represented their perceptions and experiences with mental health distress.

Outline of the workshops:

As previously stated, a process-oriented process drama is structured into distinct episodes, each serving a unique function to facilitate participants' engagement, exploration, and reflection. The outline below was followed in both the sessions I held.

Introduction which introduces the participants to the researcher, the research topic and its aims and objectives.

1. Check-in
2. Warm up
3. Pretext: The pretext in both sessions was designed using the process drama technique storytelling. I chose this technique for both because storytelling in this method has proven to serve as a powerful tool for unveiling social realities and individual experiences (Bhebhe; 2013: 62). The pretext can act as a metaphorical space for participants to project their experiences, allowing for a critical examination of societal views in a contained, and reflective manner (Boal, 1995:92).
4. Building belief: In this section, I drew from Heathcote's enrolling of the space, which is about shaping the environment to support the roles and narrative being explored. Heathcote and Bolton (1995: 30 - 35) emphasize that this assists the students to embody their characters and responsibilities within the drama.
5. Drama: In both sessions, the drama episode was designed in a manner that allows the participants to explore and engage with the subject matter in a metaphorical and distant manner.
   In The Garden of Shadows and Light, the participants were enrolled as the gardeners and farmers of Lumina, entrusted with nurturing the community's magical garden that mirrors their emotions and mental states. They entered the garden to restore its lost balance, after the shadows began to spread and threaten the upcoming Festival of Bloom and Balance, a celebration vital for the town's survival. The plot followed their journey of inspecting the garden, uncovering the hidden struggles symbolised by wilting flowers, and seeking ways to heal both the land and their community. The story took place in a mythical time, within the faraway town of Lumina, a place where nature and human spirit are deeply intertwined. The garden itself was enchanted and symbolic, holding both beauty and mystery, its harmony essential for sustaining life and hope.
   In the second session's drama, the participants were enrolled as radio presenters, staff, and listeners of Tshutshuka FM. They were in the "radio station" because they were part of Zakhumi's world, where she balanced her dream of studying at Lumina College with her responsibility of keeping the station alive. The plot followed Zakhumi's inner conflict between pursuing her dream and meeting her obligations, explored through live radio segments, call-

ins, and discussions about work–study balance and mental health. The time was set in the present day, unfolding during a live broadcast at the station. The place was Tshutshuka village, in the familiar but symbolically heightened space of a community radio station. Unlike a magical garden, this world was ordinary yet dramatized, reflecting real-life pressures while giving participants a space to embody, explore, and share personal experiences through Zakhumi's story.De-role

Reflection

Video and Audio recording:

In order to establish a rigorous and thorough data collection procedure, I made use of video recording for the workshops and audio recorded the reflective discussions. Video recording was chosen because it captures signals that are not verbal, body language, and group dynamics, all of which are important in participatory and drama-based research. This method is especially useful for assessing the physical and symbolic aspects of participants' engagement during process drama exercises. Additionally, audio recording was used to thoroughly document the reflective discussions, ensuring that participants' perceptions and thoughts were accurately preserved for analysis. Audio recordings provide a verbatim record of participants' verbal contributions, which is critical for thematic analysis and understanding the intricacies of their perspectives (Naeem et al., 2023: 2).

Focus Group Survey

A focus group survey is a qualitative data collection technique that combines components of focus group discussions with surveys. It involves collecting responses from a group of participants who discuss a certain topic while also answering guided or semi-structured questions, either in written or spoken form. The strategy is used to gather individual opinions in a group environment while encouraging interaction and discussion among participants. This method enables researchers to obtain both group-level insights (via shared discussions) and individual-level data (by written or survey-like responses).

Following the workshops, I administered a focus group survey to gather collective insights and feedback on the process drama sessions held. The survey aimed to assess participants' overall experiences and connections made within the process dramas. Secondly to identify recurring themes and perceptions about mental health difficulties. Thirdly, to consider how the dramatic process enhanced participants' awareness of mental health distresses and challenges, and coping skills.

4.3.3 Data Analysis:

Thematic Analysis

After the process drama workshops, thematic analysis was used primarily to analyze data obtained from observations, focus group surveys, and reflective discussions. This methodology is based on Braun and Clarke's (2006) six-phase framework, which provides a systematic process for detecting, interpreting, and reporting patterns (themes) in qualitative data. Steps include:

1. Getting acquainted with the data.

2. Generate initial codes.

3. Looking for themes.

4. Reviewing topics.

5. Define and name topics.

6. Complete the final report.

By rigorously classifying the data, relevant patterns in the participants' narratives and activities can be found and arranged into thematic groups. This investigation looked at participants' perspectives of mental health distresses and challenges, the impact of cultural narratives, and the effectiveness of process drama as an investigative tool.

Coding and Theme Identification

Braun and Clarke (2006) define coding as the search for and detection of macro-level discussions in research data, which are subsequently articulated into topic categories. This methodology captures the qualitative depth of participant experiences, allowing the researcher to organize and evaluate the data methodically. Boyatzis (1998: 161) defines a theme as "a pattern in the information that at minimum describes and organizes the possible observations and, at maximum, interprets aspects of the phenomenon." Themes emerging from this study will provide insights into how participants perceive and navigate mental health difficulties in their academic setting.

To help with the coding process, participants were asked to convey their experiences in their reflective journals using colours and words. This novel approach collects both verbal and nonverbal data, relating participants' emotional energy to their experiences and providing greater insight into their reflections.

Reflective Journals

As part of the data gathering process, I kept a reflective notebook to record my personal observations, insights, and growing understanding of the research methodology. This journal served two purposes:

To observe participant participation and interactions during sessions.

To identify any biases or effects in data interpretation to improve transparency and reflexivity throughout analysis.

By reflecting on my role as both facilitator and researcher, I aimed to maintain an awareness of how my positionality might have influenced study outcomes. This was also due to my awareness of my own experience with mental health disorders and how that had shaped the discussions I held and guided.

Patterns and Participants' Contributions

Participants' reflections were examined for recurring patterns in symbolism, language, and emotional expression. For example: Reflection questions with similar colors (e.g., red for frustration, blue for tranquility) were evaluated to identify emotional patterns, while repeated terms such as "overwhelmed" or "stuck" were coded to uncover common perceptions of mental health challenges. These patterns were cross-referenced with data from focus group surveys and workshop activities to help verify results and ensure validity.

Conclusion:

Thematic analysis, complemented by reflective journaling and creative participant contributions, will yield rich, nuanced data relevant to the research objectives. The use of additional strategies, such as color-based reflections, guarantees that the analysis captures both the verbal and nonverbal elements of participants' experiences, providing a more complete knowledge of mental health perceptions. This method was consistent with Braun and Clarke's (2006) paradigm and includes additional layers of reflection and creativity to improve the depth and accuracy of the results.

4.4 Ethical Considerations

Informed consent and confidentiality

All participants provided informed consent, as well as Drama for Life's institutional approval. Each participant received a full participant information paper that explained the goal of the study, the voluntary nature of their participation, and their right to withdraw at any time without penalty. The document also described how their information would be gathered, used, and protected. To preserve confidentiality, participants were given pseudonyms during the data processing, reporting, and publication stages. However, it was crucial to emphasize that, while anonymity within the workshop group could not be guaranteed, every effort was made to promote a courteous and supportive environment during the sessions.

Sensitivity to Mental Health Challenges

Given the delicate nature of the research, I took special care to address topics about mental health with empathy and understanding. Participants were made aware of the availability of Mrs. Afolake Soogun, an in-house therapist, should any participant have required emotional support during or after the workshops. In addition, participants were given information about additional mental health options accessible on campus, which was part of the research. As the facilitator, I maintained my emotional preparation by continuing my personal therapy path. My therapist was available on workshop days to

provide support as needed, ensuring that I maintained the mental clarity and emotional resilience required to guide participants through the study process. It is important to note that these steps were only required if the containment of process drama was not upheld.

Containment through Process Drama

One of the primary advantages of process drama as a methodological tool was the psychological containment it offered. By creating a fictitious framework through role-playing, improvisation, and narrative exploration, participants were provided a secure, imaginative space to unravel difficult mental health topics and feelings. This fictional framework provided emotional distance, allowing participants to engage deeply with sensitive themes without feeling too vulnerable or exposed (Bowell & Heap, 2013: 25).

Participants investigating issues of stigma, anxiety, or loneliness, for example, used dramatic roles and scenarios to externalize their experiences. The distance between the participant and their real-life concerns made the exploration more manageable and fruitful, even though metaxis could occur. By working within the boundaries of a fictional context, participants were empowered to critically reflect on these themes while maintaining a sense of emotional safety.

Chapter 5:

Through the lens of Perception: How beliefs shape the search for mental health assistance

5.1 Introduction:

Perceptions around seeking mental health help are critical in deciding whether people seek the help when they are distressed (Daniel et al., 2018). For university students, particularly black students in South Africa, these attitudes are molded by a complex interaction between institutional disparities, societal stigma, and cultural beliefs, within system of higher education. According to studies provided above, mental health problems are common among South African university students, but only a small percentage receive treatment, with major inequities reported among historically underprivileged groups (Bantjes et al., 2023: 5). Ensuring that one understands all these aspects is critical for creating successful mental health workshops and then interventions that are sensitive to cultural perceptions and accessible.

This chapter investigates how these factors influence mental health help-seeking behaviors, with a focus on the specific issues that black students encounter at South African universities and more specifically at the University of the Witwatersrand. By exploring both global and local contexts through literature and collecting data through workshops, the subject matter identifies obstacles to accessing mental health services and explores solutions. Based on scholarly literature, this analysis emphasizes the necessity of gathering and exploring perceptions held by black university students in order to improve mental health support mechanisms, which aligns with the larger research goal of understanding the psychosocial experiences of underrepresented groups in higher education.

5.2 The Silent Barrier: How Different forms of Stigma Affects Help-Seeking Behaviour

Stigma remains a substantial obstacle to getting mental health services, emerging in two forms: public stigma and self-stigma. Public stigma refers to societal negative attitudes toward people with health distresses and disorders, whereas self-stigma entails internalizing these negative opinions, resulting in low self-esteem and an unwillingness to seek help (Corrigan, 2004: 616). According to research, perceived public stigma is less significantly connected with non-help-seeking intentions than personal stigma (Lannin et al., 2016: 65; Michelmore & Hindley, 2012: 1034).

However, according to data collected on the theme of stigma, all participants in this study felt that public stigma linked with mental health, in general, had a greater impact on their perceptions than self-stigma. This came up when they were expressing that in the black communities they come from, the attitude towards people struggling with their mental health is negative. All the participants contributed by giving examples of what they have either heard or witnessed, the first mentioned that in black communities mental health challenges are seen as a weakness and all the other participants agreed and supported this. For many people, racial and, to an extent, cultural expectations and societal judgment constitute a significant barrier to obtaining help, frequently overshadowing their internal difficulties with self-perceptions (Harrington et al., 2010: 463; Dudgeon et al., 2015: 320). Cultural attitudes, beliefs and

mental health literacy in communities have a substantial impact on perceptions of mental health services, even on individuals in tertiary institutions who have been to mental health awareness. Mental health difficulties are viewed as personal flaws in some cultures, leading to shame and reluctance to seek professional care (Harrington et al., 2010: 463; Smith, 2020: 28).

Cultural gender roles or politics?

Two participants, both Black men, discussed how cultural and societal norms intensify the public stigma. Both expressed that “jwale ka monna o rutiwa go nna tlhogo ya lapa, seo se bontsha maikarabelo”. When translated into English this means that as a man you are trained and raised to be the head of the household, this represents strength or stability. In this mindset, discussing mental health issues is viewed as a sign of weakness and a failure to perform one's responsibilities. Participant 1 even stated "monna ke nku o llela teng" which is loosely translated to "a man is a sheep, their cry is internal". Once this statement was expressed one of the female participants responded “le Mosadi o tshwara thipa ka bogaleng” which means “a woman holds a knife on the sharp side” further perpetuating the perception that a good woman is a strong woman who can withstand pain and not cry for help. This cultural expectation exacerbates the unwillingness to seek help, perpetuating the negative cycle of public shame.

These findings are consistent with those of Ntsanwisi (2024: 377-395), who discovered that Black men in South Africa endure cultural constraints that prohibit manifestations of vulnerability. Similarly, McKenzie et al., (2022) highlights how the requirement for men to "man up" fosters silence about mental health distress and challenges, and increases the burden on social judgment. While a systematic study and meta-analysis found that unfavorable personal attitudes toward help-seeking are highly associated with lower help-seeking behavior (Clement et al., 2015: 8), these findings imply that eliminating public stigma is also crucial. To promote more open discussions and improve access to mental health services, tailored interventions that can be built on the research on perceptions held must address both public stigma and self-stigma.

Furthermore, a lack of knowledge regarding mental health distresses, challenges and disorders, and accessible treatments keeps people from identifying the need for professional help. Improving mental health literacy is vital for changing these views. Public education programs that provide factual mental health information can help to reduce stigma and increase understanding (Jorm, 2012: 231). Even while this does not directly relate to the experiences of my participants, it is relevant to situations in some of their families back home - which speaks back to the public stigma unpacked above. In the first workshop where the plants in the garden were a reflection of the community, Participant 3 stated: “as a community we don’t usually talk about what we need in order for us to feel nourished similar to how our flowers did not whisper anything at first”. This, supported by the other comments mentioned above,

shows how mental health discussions in their families were either absent or based on misinformation, not knowing how to nourish the flowers because the cause of them dying has not yet been figured out.

This lack of understanding reinforces stigma and inhibits people from getting treatment. In many situations, family members see mental health issues as personal flaws or spiritual deficiencies, further isolating people who need help (Pargament & Lomax (2013). My research last year sparked a discourse about how language and translation influence perceptions of mental health. In many South African communities, the terminology used to describe mental health issues in native languages have negative or dismissive meanings, exacerbating stigma (Ngwenya, 2023). For example, phrases implying "madness" or "craziness" are regularly used to describe mental illness, alienating those in suffering and discouraging them from seeking assistance. Yet again I reach a similar conclusion that public education programs must be able to address these linguistic and cultural hurdles, ensuring that mental health literacy efforts are inclusive and sensitive to different contexts because of words like “botlhanya” which means “madness” still being utilized in conversations around mental health.

5.3 Financial challenges aside, might religious beliefs become the next barrier to mental health care?

Perceived barriers have a substantial impact on persons' decisions to seek mental health services. Concerns regarding therapy efficacy, confidentiality, and accessibility are common barriers that also influence how individuals perceive mental distress or challenges. According to Gullivan et al. (2010), young people frequently mention stigma, a lack of awareness of available resources, and unpleasant past experiences as significant barriers to receiving mental health care (Gulliver et al., 2010: 7). Practical issues such as cost and transportation further impede acknowledging the distress and help-seeking behaviors (Andrade et al., 2014:36).

These hurdles are especially prevalent in South Africa. According to Bantjes et al. (2023), 39.5% of university students with mental health problems do not believe they require therapy, and 77.3% of those who do, report practical hurdles such as financial restrictions and a lack of transportation. Additionally, 54.4% of students expressed psychological difficulties, such as fear of stigma and confidentiality concerns (Bantjes et al., 2023: 7). These findings illustrate the multifaceted challenges that students encounter while seeking mental health services.

Much of the literature on barriers to mental health services emphasizes that people frequently rely on traditional forms of care rather than official mental health services. Saade et al. (2023) discovered that in African contexts, a preference for traditional or alternative treatments (33.3%) is a significant obstacle to receiving mental health services among children and adolescents. However, during the workshop discussions, 3 participants regularly mentioned God and religion, particularly Christianity, as important sources of support during times of mental distress or challenge. Of these three participants, two stated that gaining strength through religion sustains and comforts them. Turning to mental health services, in their opinion, can be interpreted as a lack of faith in God's capacity to heal and support.

Participant 3 bravely said, “one thing about me, I trust in my God when coming to such, in most bibles you find an index that has scriptures you can refer to that address different emotions, that is what I turn to cause that shows that I have faith in Him”.

The Role of Spirituality in Mental Health Perceptions

Spirituality, broadly defined, refers to an individual's sense of connection to something bigger than oneself, which frequently includes a desire for meaning and purpose in life (Koenig, 2012: 45). Spirituality, in the context of mental health, can be both a source of emotional resilience and a coping mechanism. It provides individuals with a framework for comprehending suffering, cultivating hope, and managing life's problems. For many people, spirituality provides a feeling of purpose and comfort during difficult times, serving as an alternative or supplement to standard mental health care (McLean Hospital, 2024; Koenig, 2012: 45).

Participants in the second workshop argued that turning to scripture was frequently perceived as a more effective and meaningful method of treatment than attending therapy sessions. As quoted previously, Participant 3 emphasized the practical importance of scripture, pointing out that certain Bible editions have emotion indexes that direct readers to sections relevant to specific emotional states, such as rage, anxiety, and despair. This was considered as an empowering tool for self-regulation and spiritual healing, confirming for them the concept that spirituality offers unique guidance that mental health trained professionals cannot match.

Participants also expressed a contradiction between their reliance on spirituality and the possible benefits of mental health care. One of the participants asked, "How will it help me to sit and talk to an individual who does not even begin to understand what I am going through because of their background?" (Participant 2). This was supported by participant 4 exclaiming "exactly, so now I must explain my circumstances then my distress then on top of that try make them understand why the situation is causing distress cause they’re already sitting in a place of privilege". Such attitudes demonstrate a distrust of mental health experts, especially when cultural or contextual understanding is thought to be lacking.

Interestingly, financial impediments were not addressed in the gathering of perception nor in the reflections. Instead, participants expressed a constant struggle between cultural and societal stigma, gender roles, and the function of religion as a haven. This interaction demonstrates how strongly faith influences perceptions and decisions about mental health care.

Integrating Spirituality and Professional Mental Health Services

Pargament (2007) describes how some people internalize harmful spiritual ideas that contribute to mental health issues, making it harder for them to seek professional help (Pargament, 2005: 214). Furthermore, Corrigan and Watson (2002) demonstrate how stigma, influenced by cultural and spiritual norms, can lead to reluctance to seek mental health care, since many people are afraid of being judged

or misunderstood (Corrigan & Watson, 2002: 591). It is for this reason that I argue the importance of understanding the influence of spirituality in mental health perceptions, which indicates its dual role as a barrier and potential enabler. Based on the above quotations from participants, it is evident that while it may discourage people from seeking professional help owing to stigma and cultural expectations, it also offers a framework for resilience and self-care. Addressing this dynamic necessitates culturally sensitive mental health approaches that recognize and incorporate spirituality as a valid component of care. For example, collaborative approaches including faith leaders or incorporating spiritual practices into interventions or therapeutic sessions may assist bridge the gap between typical mental health care and individuals' spiritual needs.

Furthermore, public education initiatives must emphasize that receiving mental health care does not undermine one's faith, but rather supplements spiritual practices. Reframing professional treatment as a resource connected with spiritual beliefs may help to eliminate stigma and encourage more open discussions about mental health issues. This integrated approach is critical for addressing the specific difficulties encountered in places such as South Africa, where spirituality frequently intersects with cultural and societal norms in creating perceptions of mental health distress and challenges.

5.4 Conclusion:

By expanding awareness at both the societal and familial levels, we may challenge these deeply held myths and create circumstances in which seeking professional help is normalized and encouraged. Addressing language, translation, and socio-culturally specific stigmas is an important step toward increasing mental health knowledge and accessibility. This chapter has shed light on the significant role that perceptions have in defining the pursuit of mental health services, particularly among Black university students in South Africa. By examining the two obstacles of public and self-stigma, the findings demonstrate the widespread influence of societal and cultural standards that portray vulnerability as a weakness. The words of participants, particularly Black men, demonstrate how deeply embedded these practices are, prolonging cycles of silence and reinforcing shame in families and communities.

The data acquired shows that public stigma has a greater impact on help-seeking behaviors than self-stigma, which challenges previous ideas in the literature. Furthermore, insights from participants' cultural backgrounds, such as idioms, expressions, and spiritual beliefs highlight the connection between language, cultural narratives, and mental health perspectives. Participants discussed how religion, particularly Christianity, acted as both a source of strength and a barrier to getting professional care. Most participants agreed and supported that spiritual practices like prayer and scripture reading were more approachable and beneficial than traditional mental health care. This was especially clear in the case of Bible emotion indexes, which provide scriptural counsel based on emotional states. These findings from gathered perceptions not only highlight the necessity for culturally sensitive approaches,

but also emphasize the need of public education campaigns that address linguistic and cultural hurdles in order to reduce stigma and promote understanding.

Building on past research, this chapter emphasizes the need of engaging communities at different levels when promoting mental health literacy. Workshops and treatments must not just combat stigma inside universities, but also take into account how cultural and familial dynamics shape mental health narratives. Starting conversations that address the core causes of stigma—whether language, societal expectations, or misinformation—has the potential to build situations where seeking mental health care is normalized and also encouraged.

Finally, this chapter demonstrated that the job of obtaining perceptions of mental health does not end there, but rather serves as a starting point for addressing the perspectives of mental health in underrepresented groups. This necessitates a comprehensive approach that combines individual and systemic interventions. These activities are critical not only for eradicating stigma, but also for creating environments of resilience, empathy, and support in educational institutions and larger communities. This journey toward inclusive mental health care is consistent with the overall research goal of gaining a better understanding of the psychosocial, societal expectations, cultural stigma, and individual narratives expressed by marginalized populations in higher education.

Chapter 6: Staging the Mind through drama as dialogue: Exploring and expressing black students' perceptions of mental health challenges

6.1 Introduction

Process drama is an effective tool for delving into complex social and psychological issues, notably mental health challenges. As an interactive, improvisational method, process drama enables participants to engage in role-playing, symbolic representation, and storytelling and making, making it a powerful instrument for self-expression and group meaning-creation. According to O'Neill (1995: 48), process drama provides a structured yet adaptable framework in which participants can explore and reflect on real-life situations using dramatized scenarios. This immersive experience provides a contained space for Black students to reflect on their mental health perceptions, express their problems, and traverse cultural understandings of mental well-being.

As previously seen in the literature, the use of role-playing in process drama is very effective at fostering empathy and deep participation. Neelands and Goode (2015: 36) emphasize that by taking on multiple roles, participants acquire personal experience with a variety of views, allowing them to critically assess societal expectations and institutional difficulties related to mental health. This method enables Black students, who frequently confront cultural and structural hurdles to seeking psychological and social support (Bhana & Petersen, 2012: 67), to externalize internal problems and investigate alternative narratives that show common societal barriers. Stigma surfaced as a prominent subject in the sessions, with participants voicing thoughts such as "In a Black community, having mental health challenges or distress is looked down upon because how can you take care of your family if you are not mentally fit?" (Participant 4). Such insights laid the groundwork for dissecting these attitudes throughout the dramatic process, allowing participants to critically engage with their origins and implications. Through role playing and storytelling, participants were able to unpack and debate the stories they held as well as the societal pressures that discourage open conversations about mental health.

Furthermore, storytelling in our process drama workshop allowed participants to create both personal and collective narratives about their experiences. According to Heathcote and Bolton (1995: 72), telling stories in drama fosters a sense of ownership and agency, allowing students to express their issues in a realistic and compelling manner. This is an aspect of process drama that I drew from when setting up the workshop sessions. These narratives enabled the investigation and exploration of alternate viewpoints and the creation of counter-narratives that challenged mainstream discourses on mental health in Black communities. Although this was not the intention of this study, I had already anticipated that through gathering the perceptions, dialogue may come up that allows the participants to challenge one another's views and also co-create new perspectives.

Symbolic representation enhanced the discussions by offering non-verbal means to communicate hard feelings. As Edmiston (2014: 23) argues, metaphors and symbols frequently emerge naturally in process drama, allowing participants to articulate abstract or highly personal experiences. This is one of the

aspects that I will also unpack in this chapter. This chapter investigates how process drama facilitated the investigation of black students' perceptions of mental health challenges, with an emphasis on the ways stigma was detected and critically unpacked. This study demonstrates how process drama creates an imaginative yet reflective space in which students can engage in meaningful discussions about mental health, confront deeply ingrained cultural beliefs, and develop new ways of understanding and articulating their experiences through the three aspects of process drama which are role-playing, storytelling, and symbolic representation.

6.2. Role playing in process drama as a tool to facilitate the exploration of perceptions:

Role-playing in process drama proved to provide a dynamic and immersive way to investigate perceptions of mental health challenges, particularly among black students. Through role play participants engage in an immersive learning process by taking on numerous roles, allowing them to traverse the complexity of mental health, cultural stigma, and societal expectations. Neelands and Goode (2015: 47) argue that it is through this involvement that a wider introspection and reflection, empathy, and a structured yet adaptable framework for challenging mainstream narratives about mental health, is promoted and accessed.

Role-playing supports the study of mental health perceptions in several ways, one of which is embodied perspective-taking. When students take on roles beyond their personal identities, they get insight into how diverse people perceive and respond to mental health issues. Although this research focuses on Applied Drama, I have found substantial parallels between it and Drama Therapy. While terminology may differ, many scholars in both disciplines address similar fundamental concepts. According to Landy and Montgomery (2012, p. 19), role-playing in drama therapy allows participants to switch between numerous perspectives, encouraging critical engagement with mental health from a variety of angles. This is consistent with Boal's (1995) concept of spect-acting in Forum Theatre, in which people are invited to take on diverse roles to investigate social issues dynamically. Boal's approach, similar to drama therapy, allows people to embody and question different points of view, allowing for deeper introspection and potential transformation.

For example, in the first session of the process drama workshop, where participants were attending to the flowers in the garden investigating what could be the root cause for some flowers to be positioned in the shadows, weak and dying, while others were blossoming in the light, participant 4, who played the role of a gardener noticed that their flower was not receiving enough water because it was sharing too much of its own supply with the other flowers in the garden. This participant was able to gain a better understanding of how societal and familial expectations without boundaries contribute to challenges in the well-being of the individual that is giving. In the drama, their flower whispered, “I am dying cause I am giving too much water to others and no one is refilling my supply” but in the reflection the participant boldly stated that, “giving from an empty cup contributes to challenges with your own well-being, when you hit a low supply, you need to speak up and let people in your community know”

(Participant 4). The individual was supported then challenged by another participant who asked “what is the point of speaking up if you will be judged instead of supported?” (Participant 2). This active embodiment moves beyond intellectual discussion, as participants physically and emotionally engage with these challenges, making the exploration more tangible and impactful (O’Toole, 1992: 81).

Another important way role-playing contributes to this exploration is by addressing cultural and societal stigma associated with mental health challenges. As stated in the previous chapter, throughout the sessions, stigma emerged as a persistent subject, reflecting the real-life problems of many Black students who encounter cultural norms that prohibit open discussions about mental health challenges. According to Bhana and Petersen (2012: 67), the stigma around mental health stems from cultural narratives that associate psychological discomfort with personal weakness or spiritual failure. As shown in the previous chapter, participants role-played scenarios in which characters were discouraged from obtaining mental health care, with phrases such "monna ke nku o swela teng" (a man is like a sheep, he suffers in silence), "monna ke thaka, o kgonwa ke selepe" (a man is like a shield; he can only be broken by a spear) and "mosadi o tshwara thipa ko bogaleng" (a woman holds the knife at its sharpest point/ on the sharp side) emerging as prominent representations of these stigmas.

Participants carefully examined and shared how stigma is internalized and perpetuated in the second session. In this session, participants explored being both students and radio hosts like Zakhumi’s manager who required her to commit more hours to work even though he knew she was juggling both school and work, playing both the enforcer and the recipient of these societal expectations and proverbs, this lead to discussions on the radio show about how these beliefs can be challenged within their communities. This allowed me to collect data, from the stories they shared, on their perceptions they have held based on their background and cultures.

In addition to challenging stigma, the role-playing element of process drama demonstrated its capacity to develop emotional connection and empathy, which is critical in extending participants' knowledge of perception regarding mental health challenges. When participants play roles that compel them to feel discomfort, fear, or social isolation, they move beyond academic conversations and interact with the emotional realities of persons dealing with mental health issues (Wagner 1999: 105). Although we did not go into great detail about adopting such roles during the sessions as it was not the intention of the research, I was able to identify by participants' facial expressions and body language when they were uncomfortable or unable to understand a perception held by another participant because of how they would either start looking around for approval or specifically looking me in the eye to see if I noted those moments. On certain occasions, we would pause and employ thought tracking to help us understand both participants' inner thoughts, emotions, and motives. For example when participant 1 made the comment about being a black man and the female participants in the room immediately jumped in and gave examples of the realities of being a black woman giving the counter proverbs

mentioned in the previous chapter. In those moments tension would arise and you would see their bodies tense up. This assisted in me gathering different perspectives on a perception shared.

Furthermore, process drama successfully established a secure contained space for reflection, allowing participants to discuss sensitive themes without fear of being judged. This is evident in how committed the participants were to sharing their views and perceptions even though there were points of contention. The participants expressed at the end of the session that they would love to have these sessions more as they felt a load was lifted off their shoulders. Even though this was not the intention of the workshop, it showed me that process drama indeed provided the containment the theorists mentioned. As mentioned by the theorists, the fictitious aspect of role-play allowed participants to communicate personal anxieties and biases indirectly, making challenging discussions easier to navigate (Heathcote & Bolton, 1995: 71). Petersen and Lund (2011: 187) stated that through process drama, participants are given an opportunity to express conflicting or difficult viewpoints and have dialogue on them.

Another key benefit of role-playing in process drama is the capacity to question assumptions and promote dialogue. Most of the participants as seen throughout the quotations given in both this chapter and the previous chapter, came to the process drama with preconceived views about mental health, which were typically influenced by their cultural backgrounds, religious beliefs and their experiences. However, by performing role reversals in the dramas in which students portrayed both people who stigmatize mental illness (simply through their reasoning) and those who suffer it, they were confronted with opposing perspectives, prompting further reflection outside of the workshops. According to O'Neill (1995: 48), this strategy helps participants to evaluate their own biases by taking on the views of others, developing critical thinking. One student, who initially viewed seeking help when experiencing challenges as unnecessary, shifted their mindset after seeing how the flowers in the garden began to blossom from being watered by the community and fed well, they expressed “It’s odd how seeing a change in a drama can influence you to seek change in reality” (Participant 5). Moonsamy (2024: 35) supports this by stating that such role shifts highlight the transformative potential of process drama in changing perceptions and encouraging more open discussions about mental health.

In conclusion, role-playing in process drama can help facilitate black students in exploring and expressing their mental health perceptions. Process drama allows participants to embody various views, creating a space for critical engagement with stigma, cultural expectations, and the emotional realities of mental health difficulties. The technique encourages empathy, challenges assumptions, and creates a safe space for discourse, ultimately contributing to a more comprehensive knowledge of mental health in South African educational and cultural contexts. This strategy allows students to not only express and reflect on their individual experiences, but also receive the understanding required to change society’s attitudes, by simply reflecting on their own, around mental health.

6.3. The power of storytelling and making in exploring and expressing perceptions:

Storytelling in process drama is an effective approach for Black students at the University of the Witwatersrand to explore, express, and question their ideas about mental health challenges. Process drama, as an intrinsically interactive and narrative-driven technique, allows students to develop and negotiate personal and group narratives, leading to deeper engagement with the subject matter (Neelands & Goode, 2015: 42). By using storytelling, particularly narration and story composition, participants are able to verbalize their stories, critically reflect on their perceptions, and in turn confront societal and cultural stigmas associated with mental health challenges.

Narrating the Self: A Journey of Reflection and Exploration

Narration in process drama serves both structural and reflective roles, providing a framework to guide participants through the drama while also allowing for reflection. According to O'Neill (1995: 29), narration provides continuity and context, allowing participants to remain engaged while critically reflecting on their experiences. In this research environment, narrating is an important tool for Black students to externalize their internal thoughts and participate in collective meaning-making around mental health challenges. Narration in this instance refers to in role and out of role reflections as well as the participants' general autonomy in creating stories through dialogue and play. The reflections were captured from both the state of metaxis, as well as their reflection after the episodes were completed. Metaxis functions as a mode of aesthetic distancing by enabling participants to simultaneously inhabit both the fictional frame and their lived realities.

This dual consciousness provides a protective yet reflective space, allowing for the exploration of complex issues such as mental health without collapsing into either detached abstraction or overwhelming personal exposure. In this way, metaxis fosters a dialectical interplay between imagination and experience, making it possible to interrogate perceptions of mental health with both critical distance and affective resonance (Boal, 1995). As participants expressed their thoughts, they were not only able to relay personal experiences, but also investigated how societal structures—such as cultural customs and social stigmas—influence their view of mental health challenges.

Furthermore, narrative increases emotional investment by presenting listeners as active agents in the storytelling process rather than passive observers (Bowell & Heap, 2013: 47; Cortez, 2016). This active participation allows students to co-create narratives, negotiate their personal ideas in respect to those of their peers, and critically interact with larger social discourses on mental health. For example, participants in the workshop stated that mental health issues are frequently neglected in many Black communities because people are supposed to prioritize family duties. This demonstrates how storytelling facilitates a conversation about the expectations and pressures that shape mental health perceptions.

Rewriting Reality: Storytelling and Perspective-Taking in Mental Health Discourse

Story composition in process drama allows participants to explore numerous viewpoints by enacting different roles within the narrative. This approach is especially useful for dissecting mental health scenarios because it allows participants to dive into diverse realities and gain a comprehensive knowledge of the issues that different people confront. According to Landy and Montgomery (2012: 19), multi-role interaction enhances participants' ability to assess and reflect on different points of view. Participants in the workshop, for example, acted out the roles of being a student stepping into university for the first time and having to juggle work and school, radio presenters who have shared similar experiences and also experts in mental health who advocate for mental health awareness and assistance. This role-shifting enabled students to gain insight into how they perceive mental health challenges in various social circumstances, contributing to developing empathy and raising awareness.

Furthermore, storytelling in process drama does not require rigorous factual retellings; instead, it promotes symbolic depictions of intricate feelings and societal tensions. In the sessions, especially the first which was more metaphorical than literal, this flexibility fostered a safe and contained environment in which participants could discuss delicate themes without fear of personal exposure. This is supported by Edmiston (2014: 16) who emphasizes that imaginative storytelling in process drama allows participants to engage in challenging subjects with a degree of detachment, promoting honest and meaningful communication. Given Lima-Smit, Nel, & Setwaba (2022: 404) explanation that Black university students frequently suffer with mental health issues in the context of socio-cultural expectations and demands, this method is especially important. Participants could interact with their stories while avoiding the unpleasantness of publicly discussing mental health issues by using symbolic and metaphorical storytelling.

As an example, a common metaphor that developed during the sessions was the portrayal of mental issues as an invisible weight carried by students, representing the burden of academic pressure, familial and financial demands, and societal and cultural stigma. Another common symbol was the idea of 'standing alone in a community' this was seen with one or two participants finding a space away from the group. This represents the difficulty of getting treatment in circumstances where mental health issues are either rejected or misunderstood. These metaphors not only demonstrated the breadth of participants' emotional experiences, but also gave me, as the facilitator and researcher, with insights into the underlying cultural and social impediments to students' mental well-being that have contributed to perceptions held.

6.4. Shadows and Symbols: Process Drama as a Mirror to Mental Health Perceptions

Symbolism and metaphor are crucial techniques in process drama, allowing participants to explore abstract or highly personal experiences in a safe and imaginative environment. For Black students at the University of the Witwatersrand, dramatic devices allow them to express their feelings about mental health challenges without being directly exposed, allowing them to overcome cultural shame, personal

problems, and social expectations. Symbolic and metaphorical storytelling in process drama promotes deeper emotional engagement by allowing participants to express complex feelings and reflect on how societal systems impact their mental health experiences (Neelands & Goode, 2015: 56).

Giving Shape to the Invisible: Symbolism as a Tool for Expressing Mental Health

Process drama uses symbolism to help participants externalize their internal conflicts regarding perception held and shared by representing emotions and experiences through objects, space, and movement. This technique makes abstract mental health challenges more concrete and discussable. According to O'Neill (1995: 33), symbols act as a bridge between internal feelings and external expression, allowing individuals to convey challenging emotions nonverbally. For example, in a workshop, a participant moulded a cloth flower to look like it was dying and dropping off, explaining that it represented the weight of societal expectations and a lack of support. When the participant stated that “my flower was dying because it gave out too much of its own water without speaking up about the shortage of water”, others expanded on this metaphor, claiming that the flower represented the cultural pressure to look strong and resilient despite personal hardships. Participant 1 exclaimed, “the same way men are seen as providers but no one ever checks on their well-being”. The activity enabled participants to envision and express their stories in a less sensitive manner than explicitly disclosing their thoughts on mental health. According to Bhana and Petersen (2012: 64), in many Black South African communities, mental health challenges are frequently disregarded or viewed as personal imperfections, making symbolic representation an important tool for establishing open discourse.

Conclusion:

Black students at the University of the Witwatersrand explored mental health challenges through process drama storytelling, reflecting on their personal and collective experiences. Narration encouraged controlled thought and group meaning-making, whereas narrative development and role-playing enabled deeper engagement with diverse perceptions. The capacity to use metaphors and symbolic representations provides a safe space for students to address and articulate their difficulties, making process drama a vital tool for unraveling mental health views. By emphasizing storytelling as a central mechanism in process drama, this approach not only provided insights into students' lived realities through their stories, but also promoted critical dialogue, challenging dominant societal narratives and encouraging more inclusive discussions about mental health in educational settings.

Symbolism and metaphor in process drama gave Black students at the University of the Witwatersrand unique ways to explore and express their mental health perceptions. These approaches enabled participants to express complicated emotions, confront cultural stigmas, and redefine mainstream narratives about mental health challenges. Participants were able to express their concerns in safe and constructive ways by using symbolic representations, such as the fading flower expressing burdens and societal expectations. Metaphors such as the "shadow that follows you" demonstrate how deeply rooted

cultural beliefs impact mental health perceptions, and process drama allowed these notions to be looked into and reimagined.

Furthermore, the use of symbolism and metaphor adds to larger concerns about mental health in South African higher education, underlining the importance of culturally sensitive approaches. By drawing from these techniques in process drama, facilitators and researchers can reveal underlying challenges, assist students in rethinking mental health narratives, and build a more inclusive and empathic educational atmosphere. As proven in these workshops, process drama is a transformative technique that enables participants to critically engage with their mental health realities while also imagining new ways of understanding mental health challenges.

Chapter 7: Conclusion

This study investigated the function of process drama in facilitating gathering and exploration of perceptions about mental health challenges among black university students at the University of the Witwatersrand. Process drama, which employs role-playing, narrative, and the use of symbolism and metaphor, has been found to give a creative and introspective space for students to externalize their feelings, question cultural stigmas, and engage in critical conversation regarding mental health challenges. The findings of this study contribute to a growing body of work that demonstrates the effectiveness of arts-based methodologies for tackling sensitive and complicated social issues, particularly in educational and cultural contexts (Neelands & Goode, 2015: 42).

One of the study's main findings is that process drama facilitates introspection and discourse, allowing students to reflect on their mental health perceptions while also positioning them within larger socio-cultural settings. Narration, a key tool in process drama, has been found to guide participants through emotional storytelling, providing them with a structured yet adaptable framework for expressing their thoughts and experiences. O'Neill (1995: 29) maintains that narration provides continuity and space for self-reflection, which is consistent with the findings of this study—black students were able to verbalize and co-construct narratives that highlighted the often-overlooked impact of mental health stigma in their communities. By expressing personal issues through storytelling, participants not only reflected on their individual stories, but also participated in communal meaning-making, recognizing common challenges and structural impediments to mental health support.

Another key theme that emerged from this study was the impact of cultural stigma in moulding Black students' perceptions of mental health challenges. Throughout the process drama workshops, participants constantly mentioned how mental distress is frequently neglected in Black communities, with terms like "monna ke nku, o llele teng" coming up in conversations. This supports existing literature by Bhana and Petersen (2012: 64), who contend that cultural expectations of strength and resilience frequently inhibit open discussions about mental health. Process drama allowed participants to critically explore these narratives by embodying various perspectives.

Additionally to its use as an educational tool, this study established the utility of process drama as a research methodology for investigating and assisting the facilitator to gather mental health perceptions. The use of participatory approaches enabled the collection of rich qualitative data, shedding light on the stories held by black students. According to Wang (2017: 24), arts-based approaches such as process drama foster more inclusive and interactive research environments, especially when dealing with sensitive themes. The ability of process drama to capture the intricacies of mental health perceptions in a contained context highlights its potential as an investigative tool as well as a possible intervention technique for increasing mental health awareness and discourse in higher education settings.

Limitations:

Despite the valuable insights gathered from the process drama workshops and participant responses, this study has some limitations that must be noted. The limited number of participants was one of the most significant problems. The original plan was to engage ten PGDA participants; however, due to scheduling conflicts—specifically, the workshops taking place after exams and at a time when many students had begun committing to full-time work—only five of the original participants were able to attend, and two additional participants arrived to try to fill the gap. This smaller sample size reduced the diversity of perspectives acquired, resulting in a more limited range of experiences and mental health narratives. With fewer voices contributing, there was a noticeable repetition of topics and ideas, reducing the diversity and depth of data gathered.

Furthermore, the study's purposeful sampling centered on Black PGDA students at Wits University, therefore the findings cannot be applied to all Black university students or larger student populations. The cultural, academic, and institutional background of Wits University reflects a localized rather than universal experience. Time constraints also had an impact on the study, as the research was conducted in a limited timeframe, with only two 2 hour sessions. This could have possibly reduced the complexity of the process drama experience, giving participants few opportunities to fully immerse themselves in their roles, narratives, and reflection activities. Longer or more frequent sessions could have allowed for more nuanced discussions and explorations of mental health themes.

The sensitive nature of the research topic also presented emotional and psychological complexity not only for the participants, but also for me as facilitator and researcher. Sharing specific cultural and spiritual sentiments with the group and not being able to agree or disagree, as well as my personal mental health challenges and ongoing therapy path, resulted in a unique dynamic. While process drama gave a good amount of emotional distance, it did not completely remove the vulnerability associated with discussing such sensitive subjects and hearing some perceptions. This shared connection may have encouraged empathy and trust, but it also presented a difficulty because my own opinions and feelings could have influenced how I led talks and evaluated participants' replies.

Final Reflections and Future Research Recommendations

This study demonstrated the transforming power of process drama in exploring and expressing mental health perceptions among black students at the University of the Witwatersrand. Students were able to express personal and cultural mental health challenges through role-playing, narrative, and symbolic representation, building a greater awareness of their stories within larger societal frameworks. However, this study raises crucial questions about the long-term viability of process drama workshops and their impact on mental health awareness and stigma reduction. Given how this came up even though this was not the intention of the study.

Prospective research should include longitudinal studies to investigate the long-term impacts of process drama on students' mental health perceptions and coping skills. Furthermore, more research into the role of facilitators in establishing these experiences would yield significant insights into best practices for integrating process drama in a variety of educational contexts. Given the intersections of race, culture, and mental health, broadening this study to include students from different educational institutions and backgrounds would also help to gain a better understanding of how process drama may be adapted to gather and facilitate expression in different socio-cultural situations.

Finally, this study demonstrated that process drama is more than just a dramatic exercise; it is a deeply reflective and transformative method that enables students to interact with mental health discourse in meaningful ways.

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APPENDICES:

Process Drama workshops:

Date: 25 November 2024

Session plan 01: 10:00 – 12:00

Aim:

To explore university students' perceptions and experiences of mental health using Process Drama, creating a safe and imaginative space for critical reflection and dialogue. This study also aims to utilize art-based methods to reveal the mental health perceptions held by first-year Black university students, facilitating not only a deeper understanding of their views but also allowing for the sharing of personal stories through embodiment and critical reflection (Kandil, 2016: 203).

Objectives:

1. To engage Black PGDA students in a Process Drama that encourages symbolic and metaphorical expressions of their perceptions and stories related to mental health. This will foster an environment in which personal stories can emerge, supported by a method that allows for embodied expression and reflective exploration.

2. To evaluate the effectiveness of Process Drama as a methodological tool for drawing out mental health perceptions within the South African context. In doing so, the study aims to explore how art-based methods like Process Drama can help participants navigate fictional and real-life tensions in the safe space created by the drama.

Episode	Time	Facilitator's role	Activity	Motivation	Admin
Introduction	2 minutes	Out of role	Hand out participant consent forms Good day everyone, I would firstly like to thank you once again for agreeing to participate in my research. As seen in the participant information sheet, the aim of this research is two-fold. Firstly, as mental health research, I anticipate that this research will uncover the complex relationships between psychological factors, societal dynamics, and individual narratives related to mental health amongst black PGDA students at Wits. As a case study, this research may give insights into the mental health perceptions and experiences of black students. Secondly, I seek to explore how process	To introduce the participants to the facilitator and the research topic and intentions. Neelands and Goode (2015) emphasize that when participants understand the framework and goals, they can better relate to the thematic exploration and are more likely to connect authentically with the content.	Consent forms and pens

			drama can be used to create a contained environment where mental health perceptions can be expressed without participants feeling judged for the perceptions they hold. But all of this will be unpacked as we journey together through our workshop.		
Check in	5 minutes	Out of role	Name game + emoji marathon In a clockwise direction, participants begin by stating their name and surname then stack by embodying the emoji of their choice. The group gives back this emoji.	Names are very important in African cultures, they hold the potential to allow for a person to feel seen in the room and also allow for deep cultural and personal connections to be established or acknowledged. It is not about getting to know all the names in the room on the first day but rather a ritual of coming into the room and being acknowledged as an individual within the group. Using emojis as a check-in tool allows participants to communicate their current emotional state non-verbally. Emojis are universal symbols that carry a range of meanings, and selecting one that represents their mood encourages participants to reflect on and	Printed emojis

				identify their feelings without the pressure of articulating them in words. - This mirrors the symbolic and metaphorical nature of process drama, where participants often use indirect means to explore and share experiences.	
Warm Up	10 minutes		Two truths and a lie Each participant will come-up with three thoughts or beliefs about mental health: Two of them are true, and one is a credible lie. Next, everyone shares their three statements and the group votes or discusses the presumption for the lie. My example: I believe talking openly about mental health is essential for healing. I've never known anyone personally struggling with their mental health. Medication and support systems play a big role in a person's mental health journey.	O'Toole and Dunn (2002: 36) highlight how warm-up games like Two Truths and One Lie can foster a safe and engaging atmosphere for participants, encouraging them to think critically about their personal perceptions in a playful, indirect way. They note that games can help in "loosening up" participants and preparing them to engage in more complex dramatic activities that require personal reflection. Boal's work suggests that games, especially those that encourage playful interaction and self-expression, can be used as tools for participants to explore personal topics. In the case of Two Truths and	

				One Lie, participants can reveal their views on mental health symbolically, which can serve as an entry point for more in-depth exploration through drama (Boal 1995: 47).	
Pretext	5 minutes		The Garden of Shadows and Light In a small university town called Lumina, there is a beautiful garden known as the Garden of Shadows and Light. The garden is known for its extraordinary flowers, each said to represent the emotions and thoughts of the people in the community. Some flowers bloom vibrantly, glowing in the sunlight, while others remain in the shade, hidden and wilting. According to The old and wise Tsiki bird, that has served as a great guide in Lumina, the garden is holding stories that need to be heard. Vibrant flowers in the sunlight that used to radiate warmth and connection, have shifted and are now blooms in the shadows which are said to speak of quiet struggles and unseen troubles. The Vibrant flowers and those in the shade maintain the balance of the garden. The balance in the community. Legend has it that the wise townsfolk believe that the garden's ability to mirror the mental and emotional state of their community, is what makes their annual Festival of bloom and	O'Toole and Dunn (2002: 40) stress that process drama allows participants to explore abstract or sensitive topics, such as mental health, through imaginative and metaphorical play. By distancing participants from their personal experiences, process drama facilitates exploration without the need for direct confrontation with potentially difficult or triggering topics. The pretext "The Garden of Shadows and Light" allows for this kind of symbolic distance, making the exploration of mental health more accessible. Boal's approach to Theatre of the Oppressed suggests that storytelling can serve as a powerful tool for unveiling social realities and individual	

			balance so successful. It is through the festival that the people of Lumina harvest the food and store water needed to get them through the year. Without it, famine will fall upon their community. Yesterday the wise bird Tsiki sent word that the shadows that the gardeners were have been working so hard to contain have multiplied, and the garden has become imbalanced, casting a heavy gloom over Lumina. The timing couldn't be worse. The Festival of Bloom and Balance, Lumina's most cherished celebration, is only a week away. Without the harmony of light and shadow, the festival will not happen, and the garden's magic will begin to fade, leaving the town without its guiding heart the Tsiki bird and a year of drought and famine.	experiences. The pretext can act as a metaphorical space for participants to project their experiences, allowing for a critical examination of societal views on mental health in a safe, reflective manner (Boal, 1995: 92).	
Building belief	5 minutes	In role as the chief in the town	While we wait for our town counsellor to address us on the matter at hand. I invite us in song to grab a few cloths and decorate our garden for the festival. In role: Welcome everyone to our annual Lumina garden festival preparations. It is with great concern that the news of our garden of light and shadows have spread across the neighbourhood and caused people to lose hope in the possibility of us having our annual festival. Yesterday I received word from the Tsiki bird through	Heathcote explains that "enroling the space" is about shaping the environment to support the roles and narrative being explored, helping students to embody their characters and responsibilities within the drama (Heathcote & Bolton, 1995: 30 - 35). This might involve simple physical changes, such as rearranging desks to resemble a courtroom, or	Cloth Garden tool tags

			a mysterious note which appeared among the wilting flowers in the shadows. "The garden reflects your minds and hearts. To bring balance, you must first understand what lies in the shade." After 400 years, it is the first time our garden has grown so far beyond the shadows. The first time that the Tsiki bird has sent word for order to be restored. Without balance, we are faced with a year of famine and drought. For years, you as the farmers and gardeners of this community worked tirelessly to nurture the garden, ensuring that both the flowers of light and shadow thrive in harmony. That is what has allowed for our annual Festival of Bloom and Balance to bring us food and water. Now the balance has been broken and we need to go back into the garden to seek answers on what In our community we have great storytellers and visionaries, people who can see far beyond the roots and branches, listening to what the garden is asking for. While you walk through the garden ask yourselves, how might our garden's current state reflect the emotions or stories of those who work in it? Please take your garden tools and head over to the garden, inspecting every	symbolic adjustments, like assigning specific corners for different parts of a fictional world.	

			inch of the space and drawing as many stories about what could be causing the flowers to wilt in the shadows. Remember the garden mirrors the emotional states of our community. The festivals success lies in our hands.		
Drama	15 to 20 minutes	In role	Ushering the gardeners and farmers into the garden space. Invite song once again when stepping into the garden as a sacred practice of the people. Prompting questions: As you walk through the garden, which flowers catch your attention first – those in the sunlight or those in the shadows? Why do you think this is? What do you notice about the flowers in the shadows? Are they receiving enough water? Since the flowers in the garden mirror the emotional states of our community, what might the flowers in the shadows represent? What did the flowers in the shadows say about the unspoken or misunderstood feelings of people in the community? I see you are listening to the dead flowers in our garden, What challenges and emotions are these flowers reflecting of this community? Listen closely to the whispers in the shadowed parts of the garden. What	O'Toole and Dunn (2002: 40) emphasize that process drama is a powerful method for facilitating safe exploration of complex topics like mental health. Through drama, participants can engage in metaphorical expression, distancing themselves from the direct experience while still reflecting on the themes.	

			feelings or ideas are they expressing? Why are these flowers hidden while the others blossom in the light? The garden remembers all who have visited it. What story do you think they hold about you as a caretaker? Now that the garden is receiving enough water, what else could be causing these challenges to thrive and multiply?		
De-role	5 minutes		Initiate the same song when stepping out the garden while inviting them to slowly remove the cloths from the space placing them in the centre, along with their garden tools, boots and overalls.	O'Toole (1992) emphasizes the need for a facilitator to carefully enrol and de-role their participants in a drama, allowing for them to separate their own identities from the roles they have portrayed in the drama. Bolton argues that "deroling is necessary to establish a clear boundary between the fictional and the real" (Bolton 1984:73). This is supported by Heathcote and Bolton (1995: 98) who emphasize the importance of transitioning out of role, noting that "the separation of self from role is crucial for maintaining the safety of the	

				individual, especially when engaging with emotionally charged themes". Neelands highlights the role of deroling, stating, "Deroling practices are essential in helping students transition back into themselves, especially when they've portrayed difficult or unfamiliar characters. Simple gestures or phrases can provide closure, reducing any emotional residue from the role" (Neelands & Goode, 2015: 132).	
Reflection	10 minutes		As gardeners, what moments in the garden stood out to you the most? What drew your attention to those moments? When you looked closely at the flowers in the shadows, what did they seem to reveal about the garden's current state? Were there specific sounds, colors, or movements in the garden that lingered with you? What meaning did they hold? As gardeners, you noticed that some areas of the garden flourished while others seem neglected. What might this imbalance say about how care and support are distributed in the community?	Bowell and Heap (2013: 50) emphasize that reflection is an integral part of process drama as it enables participants to critically engage with the themes, deepen their understanding, and make connections between the drama and real-life issues. Reflection helps consolidate the learning experience and encourages participants to articulate their thoughts. O'Toole and Dunn (2002: 27) highlight that	

			How do you think the balance between light and shadow in the garden related to the way people in the community cared for themselves and others? Role and Metaphor: Symbolism and representation - What did you notice about the roles you or others played in the drama? How did these roles influence the story?	reflection allows participants to process their emotions, analyse their roles, and make sense of the fictional contexts they have explored. Reflection turns dramatic play into a purposeful learning experience. Boal (1995: 47) highlights that reflection is essential in drama-based methodologies as it allows participants to analyse the connections between their actions in the fictional space and their real-life experiences, thus fostering deeper insight and personal growth.	

Session plan 2: 12:15 – 14:15
Aim:

To explore and deepen understanding of Black university students' perceptions of mental health challenges within the context of balancing work and academic responsibilities, using process drama to facilitate reflection on how academic pressures, work demands, and personal experiences shape their mental health, and to create space for sharing and addressing these challenges.

Objectives:

1. To engage participants in exploring how the pressures of balancing work and study impact their mental health and shape their perceptions of mental health challenges.

2. To encourage participants to reflect on how academic and work-related stress, alongside social dynamics, influence their understanding of mental health (as a whole) and the coping strategies they use.

3. To use process drama as a tool for exploring the resources, support systems, and strategies that Black university students perceive as essential to managing mental health challenges in the context of balancing both work and study life.

Episode	Time	Facilitator's role	Activity	Motivation	Admin

Check-in	2 min	Out of role	Emoji marathon	Using emojis as a check-in tool allows participants to communicate their current emotional state non-verbally. Emojis are universal symbols that carry a range of meanings, and selecting one that represents their mood encourages participants to reflect on and identify their feelings without the pressure of articulating them in words.	Print outs of the emoji keyboard
Warm up	10 minutes	Out of role	Why are you late? One person steps outside and the participants left behind decide on a short sentence explaining why the participant outside is late. The person has to figure out what the others are embodying and explain it in words to the boss. Participants cannot give verbal cues and should not be caught embodying by the boss. Prompts: work (3 rounds) Then study life (3 rounds)	In the game, participants take turns explaining why they are late, creating fictional scenarios that reflect common stressors in their lives. For example, excuses like "I was stuck finishing an assignment while prepping for my shift" or "I couldn't wake up because I was too exhausted from work last night" allow participants to bring up real-life pressures in a playful, low-stakes manner. These responses indirectly reveal their perceptions of how work-study balance impacts their mental health, such as feelings of exhaustion, guilt, or overwhelm. Taylor (2000: 123) discusses how drama games can reveal participants' lived experiences through	None

				metaphor and role-play, creating opportunities to address complex issues such as stress and mental health.	
Pretext	5 minutes	In role	Once upon a time, there was a young woman named Zakhumi who lived in the Village of Tshutshuka with her two siblings. Since her parents have passed on, Zakhumi has taken on the role to not only be a parent to her siblings but also a provider. But deep down, Zakhumi wanted to be a performing artist — someone who could use her talents to inspire and uplift others. However, her journey had been anything but simple. For years, she worked tirelessly as a presenter at the local radio station, a job that allowed her to provide for her family and save for her dream of attending college. Zakhumi had been working at the local radio station but one day, she decided that it was finally time for her to go to the college in their town and pursue her dream. She sent in her application and waited and waited, waiting patiently for a response. When her acceptance letter arrived, she felt a rush of excitement and pride. Determined to make the most of this opportunity, she		None

			enrolled, purchased all the required books and stationery, and began preparing for her studies. But just as she was about to start her first week of classes, her manager at the radio station called an emergency meeting. The station, already struggling financially, had recently lost one of its senior presenters. The manager turned to Zakhumi with a desperate plea: "Zakhumi, we're in a critical situation. You've been the backbone of this station, and without you, we might not make it through this tough time. I know you're starting college, but I need you to take on extra shifts — just until we stabilize." Zakhumi felt the weight of the manager's request. The radio station wasn't just a job; it was her lifeline. It had supported her family, helped her save for her education, and given her stability during difficult times. Quitting wasn't an option—not when so much of her life was tied to the station's success. But balancing college and work was already going to be a challenge, and the thought of taking on extra shifts		

			filled her with dread. She had worked so hard to reach this point, yet now it seemed impossible to give her studies the attention they deserved without risking her job or disappointing her manager. After days of inner turmoil, Zakhumi made her decision. She couldn't abandon the radio station that had given her so much and still continued to put food on the table, but she also couldn't give up on her dream. So, she decided to continue with both. She would continue her shifts at the station while pursuing her studies at Lumina College. And so, Zakhumi's journey began…		
Building belief	5 minutes	Out of role	Walk around the space: Get into a pair, a group of 4, group of 5, then 1 (dependent on the number of participants). Create a still image that depicts how attempting to balance work and studies looks and feels like.. Each participant will be given an opportunity to describe what the character is feeling and thinks. Speech in first person. Prompt: When thinking of a typical radio	Using thought tracking, a tool developed by Heathcote, as a tool to ensure that the learners share thoughts that feel authentic to the character, even if they're conflicting, negative, or vulnerable (Wagner, 1976: 125) . Boal (1979) could support this as he speaks back to allowing participants to explore diverse perspectives and challenge dominant narratives, which	Objects and furniture around the room Props a radio, mics…

			station, what do you usually find in it? Anything in this room can be used to set up the Zakhumi's workplace at the local radio station. Let's set up the radio station, just so we can see how everything is placed. What signs and equipment do you usually find in a radio station that we have not yet placed in the space? Can we sketch them or simply write them down on the papers provided? What sounds do you usually hear in a radio station? Looking at our radio station, are you happy with where everything is positioned and what we have in it?	aligns with his overall philosophy of using theatre as a tool for social change.	Papers, markers and pens
Drama	20 minutes	In role	Announcement: As decided at the beginning of the year, the Breakfast club is introducing a new and special feature that will become a monthly special, where we have our staff call in from their offices and engage with the topic with the most votes from our listeners. With that said, today is a very big day as it is the first time we will be putting this special to the test, can everyone please just grab their tags and find their positions in studio,	O'Toole and Dunn (2002: 40) emphasize that process drama is a powerful method for facilitating safe exploration of complex topics like mental health. Through drama, participants can engage in metaphorical expression, distancing themselves from the direct experience while still reflecting on the themes.	Paper with cues for the presenters in studio with me

			we will be live in a few minutes. Live in 3, 2, 1… Play Lizzo About damn time (last 30 seconds). That was "about damn time" by Lizzo and before that we listened to Work by Rihanna with Zakhumi and the breakfast club on Tshutshuka FM 98.7. Now I do not know if you remember but in the beginning of the month I asked you as our valued listeners to send us topics on our social media that you would like our Tshutshuka presenters to speak about, sharing their stories and thoughts on the matter at hand. (short pause) To my shock and surprise most of you were interested in hearing about what a study-work balance looks and feels like. I am also about to embark on a journey of studying while working so do not have much insight on this but I know that the rest of the breakfast club and some of our presenters have at some point in their lives had to juggle both, so today as a way to celebrate our family as a station, we have decided to hear all those stories. (Play cheers) The big question on everyone's mind is how did it feel the first time you received your		

			acceptance letter to study and how did that transition from full time work into balancing it with study life play out? We will be starting with my 2 co-presenters in studio, Mumbaza and DJ Mazumbe then extend the questions to our other Tshutsuka FM presenters who will call in and share their stories. Mumbaza and DJ Mazumbe how did it feel the first time you received your acceptance letter to study and how did that transition from full time work into balancing it with study life play out? It seems like … in studio but I would love to finally extend it to our staff in the offices. Let us hear your stories in the offices, how did it feel the first time you received your acceptance letter to study and what was the transition, how did that transition from work into study play out? As a listener if you have a question you would like us to answer, while I take our presenters calls send us a message on our whatsapp line on 084 000 0987. That's 084 000 0987. We have our first caller on line 1: Chankabi yes call Take other in this order: Zenzou		

			DJ Depsta DJ Phudzie Remzon Play Reach it by Zonke Reach it by Zonke on DreamScapes with Zakhumi and the Morning club on Tshutshuka FM 98.7. If you're tuning in now, the chosen topic for our presenters requested on our socials is balancing your work and study life and so far we have managed to hear stories on the first time you received your acceptance letter to study and how did that transition from full time work into balancing it with study life, now for the second half of the show, we delving a bit deeper with a question asked by Skimza who says Zakhumi I am curious to find out if our station family who shared their stories knew about the mental health resources that are often offered on campuses and if they used them? Mmm Skimza that is such an important question, and as someone about to start my own journey I am also just as curious. Perhaps we can unpack that and hear whether these resources were being utilised or not. If not, perhaps we can also offer our listeners with reasons why we did not use these resources and services.		

			Take calls again then invite one of the participant's part of the breakfast club to wrap it up.		
De-role	5 minutes	Out of role	Breathing for grounding - in for 3 counts, hold for 2 and out for 3. Slowly remove the costume pieces and props. As you do that think about what each of them represented and place it back where you found it. Then come back and form a circle on the carpet.	Landy (1993: 99) highlights that de-roling is a critical component of drama work, especially when dealing with sensitive issues. He emphasizes that intentional activities, such as guided breathing, can help participants disconnect from the emotions tied to their roles and re-establish their sense of self. Breathing serves as a physical and mental anchor, allowing participants to release the role's energy while maintaining their emotional well-being.	
Reflection	10 minutes	Out of role	Emoji marathon again: Based on what you saw and felt in the drama, what emoji can you offer the group now? How did the character you played in studio feel during the drama? What in the drama made your character feel that way? What was the atmosphere like in the studio? Did to share your story? What were the most memorable words or actions from the team during the discussion?	Taylor discusses how reflection in process drama transforms participants' understanding of themselves and the world. It bridges the gap between the fictional world of the drama and the participants' real-life experiences, fostering empathy and critical thinking (Taylor 2002: 14). Neelands and Goode (2015: 52) argue that structured reflection helps participants unpack the symbolic and thematic layers of the drama, enabling	

			Why do you think they stood out for you? For your character, were there moments where you struggles to share your story? Why might that be? Do you think there was an openness to share stories by your character or others, or were there barriers that kept people from sharing? Do you think some stories were more dominant than others? Why might that be? If they mentioned not using the resources on campus, bring them back in this moment to those responses and ask them why they do not use them. If they didn't ask them if someone in studio would have shared that they do not use the resources, what do they think their reasons would have been? What is a healthy balance? Do you have a healthy balance?	them to explore complex issues such as mental health from multiple perspectives.	

5 minute water break:

Final reflection moment linking the two sessions directly to mental health **if necessary**.

Questions: 15 minutes

Second session:

1. Did any specific moments in the drama resonate with your personally? Why?
2. How did you differ from your character's story, and if you did, why did you choose to rather share that story instead of your own?
3. If this were to be watched by the rest of your classmates, what impact do you think it would have on you and the stories you shared today?

First session:

1. Thinking back to the first process drama, what aspects of the garden story felt most connected to mental health challenges and how did that speak back to perceptions around mental health?
2. The garden seemed to respond differently to the same care given to its flowers. How do you think the varied needs of the flowers reflect the different ways mental health is perceived and addressed in our own communities?
3. How did the interplay of light and shadow in the garden mirror real-life perceptions or emotions about mental health?
4. Do you think the idea of balancing light and shadow captures the complexity of mental health perceptions? Why or why not?

For both session:

Perceptions and Stigma around mental health:

- Did the dramas highlight any stereotypes or misconceptions about mental health? If so, how. If not, how not?

- How do you think cultural or social norms influence how mental health is perceived and addressed in our university community?

- What did both dramas reveal about perceptions you have about mental health?

- What does this tell us about how black university students handle mental health discussions in spaces where many perceptions exist?

<u>Questions that students will be given to reflect on and answer online:</u>

Balancing Responsibilities and Mental Health:

In the garden, some flowers struggled with too much sunlight, while others withered in the shade. How does this mirror the pressures you might feel in balancing academic, social, and personal responsibilities as a student? What impact do you think these pressures have on your mental health?

Cultural Expectations and Mental Health:

- When we were exploring the garden, some flowers were hidden in the shadows, almost as if they didn't want to be seen. How does this reflect the stigma around talking about mental health in your

community or at university? Why do you think some people hide their mental health struggles while others feel more open about sharing them?

The Influence of Institutional Systems

In the process drama, we saw how the gardeners' actions affected the health of the garden. If the gardeners were university staff or faculty, how could they better tend to the emotional and academic needs of the students (flowers)? What role do you think universities play in supporting the mental health of their students?

Visibility and Silence in Mental Health:

- In the garden, we noticed that some flowers were left in the shadows, out of sight. Reflecting on this, how do you think mental health struggles are often hidden in the university setting? What makes it hard to talk openly about mental health, and why do some students keep their struggles private?

Coping Strategies and Resilience:

- As gardeners, we saw some flowers thrive with proper care, while others faded. What do you think helps Black students cope with academic and personal pressures? How do you personally manage mental health challenges, and what strategies have you seen others use to maintain their well-being in difficult times?

Support Systems

- The health of the garden depended on the gardeners' efforts to provide care, water, and light. In your experience, how does a university act as a gardener to support students? What kind of support systems would help you thrive both academically and emotionally, and how could these be improved in your university?

Tensions Between Success and Self-Care

- Just like the flowers that were struggling in the garden, some of us might feel overwhelmed trying to balance high academic expectations with personal well-being. How did the garden reflect this tension between success and self-care, and how do you manage this tension in your own life as a student?

Healing and Change

- In the workshop, we witnessed how the garden could be nurtured and restored with proper care. If universities were to truly focus on both the academic and emotional needs of students, what would this change look like? How would it feel if your university fully supported both your mental health and academic success?

Identity and Mental Health

- The flowers in the garden each had their own unique needs and characteristics, just like each student has their own identity and struggles. How do the expectations placed on you as a Black student affect your mental health and sense of self? In what ways do you think these pressures shape your experiences and how you cope with stress or emotional challenges?